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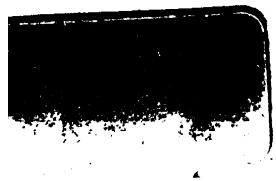
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THE Kansas Medical Index

A Monthly Journal,

DEVOTED TO

Medicine, Surgery and Allied Sciences.

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F. F. DICKMAN, M. D., EDITOR.

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PROSPECTUS.

THE

"Kansas Medical Index,"

A

Monthly Journal

Devoted to Medicine, Surgery, and Allied Sciences.

The INDEX will be published Monthly at Fort Scott, Kansas, by

THE INDEX COMPANY.

The first number will be issued in January next. It will consist of a variety of matter of general interest to the profession distributed under the following heads:

ORIGINAL COMMUNICATIONS,
EDITORIAL, SOCIETY PROCEEDINGS & NEWS,
LITERARY NOTICES, REVIEWS. &c,
SELECTIONS AND CASES FROM PRACTICE,
MISCELLANEOUS NEWS, NOTICES, ETC.

The INDEX is especially designed for and to advance the interest of the profession in the State; not meant to displace other and larger publications, but would rather encourage their circulation, but as a Home News and Miscellany, and as such asks the encouragement and support of the profession.

A limited number of advertisements will be admitted.

Subscription price $1.50 per annum, payable in advance. Single copies 20 cents.

All communications, whether of a literary or business character, should be addressed to the editor,

F. F. DICKMAN, M. D.,
Fort Scott, Kansas.

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KANSAS

MEDICAL INDEX.

"Independent in all Things, Neutral in Nothing."

Vol. 1. FORT SCOTT, KAN. JANUARY, 1880. No. 1.

Original Communications.

A Case of Frequent Abortions, and Finally Fatal Hemiplegia.

H. O. HANAWALT, M. D.

THE following report is of a case in which a lady was delivered nine times of a dead child at about the seventh month, but in her tenth pregnancy she succeeded in passing her previous critical period, went to the ninth, or the middle of the ninth month, and was delivered of a living child. On the fifth day after delivery she was suddenly stricken with paralysis of the right side which resulted fatally. She was full habit, but had no evidence of any diathesis, and rarely complained, except occasionally of a slight asthmatic trouble.

Some time in the month of June, 1874, her husband called upon me and gave the history of her six previous abortions. Said that fœtal movements had always ceased some days before delivery. He stated that she was then in about the sixth month of gestation, and, as both were anxious for a

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living child, requested advice. I ordered no medicine, but interdicted all active labor, horseback-riding, etc., and to avoid all excitement. On the 19th of July following, I was called to see her, when she stated that she had not felt life for four or five days, but was well until a few hours before, when she began to experience slight uterine pains. Almost inmediately after entering the room a dead fœtus was expelled, which had evidently been dead several days. The fœtus was perfectly formed, with no evidence of disease; but appeared to have been emaciated at death. The placenta presented some abnormal appearances. There was fatty degeneration of a part of it, and scattered over various points of the fœtal surface were deposits presenting a tubercular appearance. I believed that death had been caused by deficient nutrition. She was up in two or three days.

In the latter part of the following year, she aborted again at about the same stage of gestation, being attended by my friend Dr. Schenck. Again in July, 1877, while boarding at a hotel, she was prematurely delivered in the absence of her husuand, or any assistance.

In the latter part of December, 1878, I was called to prescribe for her asthmatic condition, when she informed me that she was pregnant for the tenth time, and in the seventh month. I prescribed iodide of potash and belladonna for the asthma, which quickly subsided; but she continued to take the prescription, and when the seventh month had fully expired, (the time when she had always previously aborted) she stated that the motions of the child were unusually active, and expressed the hope that she would go to term. I continued the same remedies for the next month, when they were suspended. She occasionally assisted her husband in the store, and felt well and cheerful. On the afternoon of March 1st, 1879, I was hastily summoned to see her, when the husband gave me the following history: She had been in the store with him and he had noticed nothing unusual about her; when, on ad-

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dressing some remark to her, he discovered that she was staring at him with fixed gaze and the face drawn to one side. There were no convulsive movements nor attempts to fall. He suggested that she go up stairs and lie down, which she immediately did, without making a remark. I saw her soon after. She was not inclined to talk, but would reply hesitatingly and briefly, as — "yes," "no," "I don't know." Pulse but slightly changed, and the pupils normal and readily responding to light. As she was quite plethoric, I determined to let blood, and after two or three trials succeeded in getting six or eight onnces. Gave 30 grs. of bromide of potash with 15 grs. of chloral, and 10 gtts of tr. belladonna, every four hours until three or four doses had been taken. The next morning she seemed clearer in mind, and was sitting up, complaining of no pain. I then ordered the above prescription given three times daily. In a day or two she came down stairs, and seemed as well as usual, except that she was less disposed to talk than was natural for her. At 5 a. m., March 10th, I was called to find her in labor. The os had begun to dilate, and I could feel the head presenting through the unruptured membranes. When the os was fully dilated, I made pressure on the membranes, which gave away, and there escaped, instead of the usual amniotic fluid, a greenish, viscid secretion, not unlike meconium. Labor advanced steadily until 8:30 a. m., when a small, emaciated female child was delivered. A few minutes before delivery she became quite nervous and slightly delirious, when I put her under the influence of chloroform. At first I thought the child was dead, but it soon took an inspiration and cried. The secondaries came away without trouble or hemorhage, and I left her in good condition. The next morning I called in the absence of the nurse, I found her just returning to bed, having got out to use the vessel. Her condition was good, and continued to grow better for the first four days. During this time she had regained her former buoyancy. I was hastily summoned to see her on the evening

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of the 15th, and found her unable to speak, though she seemed to have command of the tongue. Face a little flushed, but the pulse but slightly accellerated. She appeared to understand everything that was said or done. Ordered the bromide of potash resumed. The next day I discovered that she was paralyzed in the right arm and leg. Suppose it had been the day before, but it had escaped my observation. The paralysis was complete, though the tactile sensibility was not destroyed. Neither the face, eyes or tongue were involved. Prescribed strychnine, quinia and phosphoric acid, with friction to the spine and paralyzed side. During the next twenty-four hours the pulse arose to 120 and temperature to 102 deg. She became quite restless, constantly throwing the cover from her. Called Dr. Emmons, of Galena, to see her with me. We gave the bromide of potash, belladonna and canabis indica, which controlled the restlessness. Applied a blister to the back of the neck, but she continued to sink, though there was no paralysis of the face, eyes, or tongue, and no stertor. She died on the 20th, or five days after the attack.

Empire City, Kan., June, 1879.

OBESITY OR CORPULENCY.

BY B. F. HEPLER, M. D.

[Read before the South-Eastern Kansas Medical Society, July, 1879.]

A moderate amount of fat is a sign of good health, but in excess it becomes burthensome and unsightly.

"Corpulency is not only a disease itself, but the harbinger of others."

Obesity may be only partial, of which we have examples in fatty tumors, and in that condition vulgarly called "pot-belly," from the enlargement of the omentum with fat. This structure has been known to increase to twenty and even forty pounds in weight.

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The mediastinum is occasionally filled with fat without a corresponding increase in the rest of the body; and the double-chin is another example of partial obesity.

The affection is not peculiar to any particular period of life, but the young and middle-aged are much more disposed to this condition than old people. Women are more liable to become obese than men.

The causes of obesity are two-fold: An excess of carbons ingested, such as fats, oils, sugars and starch; and secondly, the limitation of its consumption from the want of proper exercise of the physical system. In most if not all cases of extreme obesity, both factors are at work. The carbonaceous substances introduced into the system are mainly used to keep the animal heat at its uniform standard, and as such are carried to the lungs and different tissues by the circulation, and there brought into contact with oxygen and consumed. An excess, however, for this purpose introduced into the system, after an ineffectual attempt by the liver to eliminate it, is stored in the cellular tissue of the body as fat.

This effort on the part of the liver, followed as it is by usual sluggishness, with dullness of intellect and indisposition to exertion, tends still further to add to the second factor cited. This would make the indications for treatment simple enough. A reversal of the producing causes, it seems, would be what is required. In a great many cases this is undoubtedly true, but to carry it into effect, and continue a sufficient length of time, is quite a severe task, and requires an unusual amount of self-control on the part of the patient.

The indications for the use of medicine are, first to keep all the excretory organs in a vigorous state, free cathartics and diuretics are usually necessary Hepatic stimulants are very useful. Little benefit will be derived from the alkalies, except as diuretics, if we except the salts of potassium, which possess oxydizing properties.

Fucus Vesiculosis is the latest anti-fat. Its virtues are

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probably limited to the salts it contains, such as chloride of sodium, iodine and bromine. In fact, one sample of an extract (Dr. Griffith's) contained such large quantities of bromide of potassium that it had to be discontinued. (This probably was artificially introduced.) This remedy is of little benefit unless the diet is restricted, and we are satisfied if the latter is adhered to no such remedy will be required. The following case will illustrate what may be done by a persistent effort:

The patient is a female 49 years of age, married, and has borne children. At the age of 32 she weighed 136 pounds; at 33 she began to grow fat, and on June 17th, 1877, (date of commencement of treatment) she weighed 226 pounds. She was at this time very uncomfortable, suffering from dyspepsia, dysmenorrhœa, &c., hardly able to walk; and all of this great weight, the main deposit was in the abdomen, where it was simply immense. The treatment consisted in the use of *Fucus Vesiculosis*—(Burroughs & Co., of Baltimore) was found to be best;) free cathartics, as it was found that the loss of weight was somewhat proportionate to the free action of the bowels. The Banting System in substance was followed in the diet. At the present writing the patient is in full enjoyment of health, can walk a couple of miles without fatigue; her dyspepsia and dysmenorrhœa have all disappeared.

The following is a tabulated list of reduction from month to month:

June 17,	weighed...	226 lbs.	Dec. 2.	weighed..	186 lbs.
July 1,	" ...	220 lbs.	Jan. 1,	" ..	174 lbs.
Aug. 1,	" ...	211 lbs.	Feb. 3,	" ..	173 lbs.
Sept. 8,	" ...	205 lbs.	Mch. 3,	" ..	169 lbs.
Oct. 1,	" ...	200 lbs.	April 7,	" ..	162 lbs.
Oct. 28,	" ...	194 lbs.	May 5,	" ..	158 lbs.
Stopped treatment for awhile:			June 2.	" ..	151 lbs.
Nov. 11,	" ...	194 lbs.	June 30,	" ..	147 lbs.

It is unnecessary to comment. The reduction is marked

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enough, and I may state here, that it was in direct proportion to the abstinence, free action of the bowels and kidneys. From October 28, to November 11, 1879, treatment was discontinued to a great extent, and our patient's weight remained at 194 pounds, as the table will show.

Fort Scott, Kan., July, 1879.

Extracts and Abstracts..

Highland Malarial or Mushroom Fever.

Dr. J. G. Westmoreland, editor of the Atlanta *Medical and Surgical Journal*, describes, in his journal, a new form of continued fever. He states that it has prevailed during the past summer, and is still prevalent in several counties in the neighborhood of Atlanta, Ga. In some localities it has been so malignant in character that the mortality has reached fifty per cent. of the cases. No cases have occurred within the limits of that city. On the highest, dry, and ordinarily salubrious sections, it prevails with severity equal to that of low, damp localities. It presents many of the characteristics of typhoid fever, while its duration is only two weeks; while it is not controlled by quinine to any such degree as are the ordinary malarial affections—intermittents and remittents.

In 1847 the same fever, exactly, prevailed in the same counties of Middle Georgia, and again in 1866, the identical peculiarities were observed in a form of fever which prevailed to some extent in the neighborhood of Atlanta.

During the months of July and August, 1847, and in the same months of the present year, the greatest number of mushrooms were seen all over the uncultivated land of the forest. The experience of 1847 gave Dr. W. good reason for predicting troublesome fevers to follow the appearance

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of the large crop of cryptograms in 1879, and it has been signally verified.

He presumes that the fever in question has had its cause in the germs or sporules of these fungi. He says: "It is known that the mushroom is the growth of a night and has the duration of a day. Falling down, the innumerable spores rise and are wafted by the breeze so as to infect the atmosphere in the neighborhood around. The fever coming on at a suitable time after the breaking down and drying of the mushrooms, and assuming features different from typhoid and marsh-malarial fevers, the conclusion seems just that there is something more than coincidence in these things. The opinion of cause and effect is greatly strengthened by some co-existing circumstances in 1847 as well as 1879.

"The Salisbury theory of marsh-malarial fever, which has been ridiculed almost into oblivion, perhaps unjustly, was founded on its cryptogamous origin. If true, the fungus is, of course, belonging to a different variety than that found on the hills producing the two-weeks fever, the name of which heads this article; or undergoes modifications by being drifted by washings of fields and currents of streams to the marsh, from which its spores are wafted through the atmosphere. This difference or modification is seen in the difference of character in the disease produced by them. While marsh-malarial fever is intermittent or remittent, and cut short by quinine, the high-land malarial or mushroom fever runs its usual course despite large quantities of quinine, and does not usually observe diurnal intermissions or remissions. No abortive treatment has yet been discovered for the highland two-weeks fever. The course found most satisfactory is that of mercurials to a limited extent, blisters to the nape of the neck, veratum, and unloading the bowels by enemata."

In conclusion he calls attention to the different portions of the nervous system specialy affected in different fevers: "While marsh-malaria deranges the spinal cord, the

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cause of typhoid evidently impresses some of the cranial centers. One being intermittent of one week's duration, and cured by spinal tonics, the other continued, and runs a period of three weeks. May not the highland cryptograms affect an intermediate point, and hence intermediate in duration, etc. ?"—*St. Louis Clinical Record.*

The Medical Uses of Milk.

M. Biot, in the *Revue Mensuelle de Medecine et de Chirurgie* March, April and May, 1879, gives a summary of the clinical facts scientifically observed at the Hotel Dieu, Lyons, on this subject. The deductions and conclusions drawn by M. Biot touching the nature of acute articular rheumatism, and the efficacy of the milk-regimen in the course of this affection, are based on a number of analyses of urine made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids. His theoretical and therapeutical views on the subject are thus summarized: The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts, or on account of the rise in temperature, causes an enormous consumption of blood-corpuscles, which produces profound anæmia in the patient. The fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains. The tortures endured by patients suffering from articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities *cito, tuto et jucunde.* The milk-diet seems capable of fulfilling this desideratum; it causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to

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the milk-regimen at the outset of the affection. This milk-regimen, without overcharging the stomach or raising the temperature, by its nuritive power and its facility of digestion, prevents in great measure that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Besides these general effects, milk-diet has a special effect on the urinary function, which is clearly indicated in rhematism. Milk strongly favours the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in the liquid to increase rapidly; density, on the contrary, experiences a proportionate decrease. The impetus given to the urinary function by a milk regimen, allows a glimpse of the nature of rheumatism, its near and intimate causes. The analysis of urine seems to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.—*Med. News and Library, from British Medical Journal.*

Dr. Rutherford in experimenting on the action of different drugs on the billiary secretions, defines hepatic stimulants to be a substance which markedly increase the billiary secretions. The following were among the most powerful: Podophyllin, aloes, colchicum, enonymin, iridin, ipecac., colocynth, jalap, dil. hydro-chlo. acid, cor. sublimate, sodium and amonium phosphate. The author finds iridin enonymin especially useful in functional hepatic derangement, and 30 centigrammes of iridin in pill form, taken at bed time a certain remedy for billiousness.—*Archives of Medicine.*

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KANSAS MEDICAL INDEX.

F. F. DICKMAN, M. D., EDITOR.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting Cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

SALUTATORY.

A new medical journal, the reader will exclaim. Yes, kind friends, and we hope you will bid it welcome. We confess to the knowledge of numberless medical journals, nor are we vain enough to claim to fill a place long vacant or to supply a long felt want. Nevertheless, we are persuaded that there is room and use for a live medical journal in the State of Kansas, and such we propose to make the INDEX.

Publications like ours, while mainly devoted to the progress of medicine in in its various branches, are presumed to look after the rights and advocate measures, ways and means to further such interests of the physician, either in his professional capacity or as a private citizen of the commonwealth, as may tend to his material welfare. This can best be accomplished by the publications in their respective States, and in the latter capacity the INDEX will furnish a medium for the expression of opinion by members of the profession, as well as an advocate always ready to plead their cause.

At the present time the law to regulate the practice of medicine is far from perfect or strictly enforced, and steps should be taken to have such suitable amendments passed at the next session of our legislature as may be necessary to fully carry out the intent of the same, namely—to pro-

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tect society from imposture and quackery, and to raise the standard of professional proficiency in the State. There are other points connected with the laws of our State as related to medicine, which should be changed and amended. As instances we may cite, the want of suitable provision for a fee in expert cases. The generosity of the law which allows the physician the same fee as an ordinary juror in cases of trial of the sanity of a person, is wonderful; yet by the same law he is required to make out a detailed statement, which compels him to bring his profound knowledge into requisition. The practice of letting the pauper practice to the lowest bidder, the latter to furnish all necessary medicines, is bad. If these contracts must be let, they should at least be separate, and the medicines paid for at their actual value.

But it is not the intention to confine the columns of the INDEX to matters of State, but in its capacity as an iudicator, it will aim to furnish as complete abstracts of progress in medicine as may appear to be of benefit in the every-day routine practice of the busy doctor. Our exchange list includes some of the best publications in the country, and by special arrangement the leading journals of England and Germany are accessable to the editor.

A number of gentlemen have promised to contribute to our original department, and others are solicited to do so. Correspondence from the leading medical centers will appear from time to time.

We are pleased to note that Medical Societies are being organzied in different portions of the State. If properly managed they will do much good. The INDEX will ever be ready to aid and further their interests, publish their proceedings, papers and discussions; and we hope that their respective secretaries will furnish copies of such proceedings when practicable.

In our selections we shall aim at the practical and useful, rather than theoretical or fanciful; in reviews impartial and just.

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In short, no pains will be spared to make the journal merit the name "MEDICAL INDEX." Finally, we wish the profession to feel that the INDEX is the organ of no one idea or clique, it is "Independent in all things, neutral in nothing."

ERRATA.—The sentence on the 12th page which reads, "which compels him to bring his PROFOUND knowledge into requisition," should read, "which compels him to bring his PROFESSIONAL knowledge into requisition."

A New Way to Select a Professor.

As will be seen elsewhere, Rush Medical College, Chicago, proposes to depart from the old rule of "you tickle me and I'll tickle you," method, in the selection of a Professor of Gynecology. They have appointed an evening when candidates from all parts of the country are invited to lecture before the faculty and class, on subjects previously assigned them; and they propose in this way to judge of the qualifications of a candidate. Good. We hope there will be a good list of applicants, and we have no doubt that the college by this means will secure a good teacher.

The Law to Regulate the Practice of Medicine.

Frequent inquiries are made and the question asked, What action the State Board of Examiners propose to take to enforce the law as regards delinquents who have failed to comply with its provisions? As a rule, we believe, the regular profession have accepted and complied with its terms, still there are those possessing diplomas even, who refuse to take cognizance of the same, giving various pretexts for their course. This we regard as wrong. All admit that there ought to be some means to protect the public from imposture and quackery; all will agree that there ought to be some sign to distinguish the educated physician from the common charlatan and quack in the eye of the law even. These gentlemen claim to be advo-

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cates of a higher standard of medical education; will they please explain what inducement there is for a young man to obtain a thorough scientific training, if the moment he enters the borders of our state he is dragged to the common level of the whilom tramp who selects medicine, for the nonce, as his forte to impose upon the public? The law as it stands works no injustice, and the board, where examination became necessary,have been as lenient as they could in justice to the society they represent and the State at large. In regard to its enforcements we might state that the law recognizes no man as an authorized doctor unless he possesses a certificate from one of the State Boards, and if any man practices medicine without such a certificate he is liable to prosecution, which may be had under the ordinary misdemeanor act. The State Board, we understand, have a test case well on its way to the Supreme Court and expect an early decision.

The constitutionality of the law (of which we have not the shadow of a doubt), once established,by a united effort of the profession, quackery ought soon to be a thing of the past in our State.

The St. Louis *Clinical Record* is one of the foremost champions of better medical education. We find the following in the November number :

"The people are beginning to demand that physicians shall be better educated. It is bad enough that the medical press should feel called upon to urge this demand : it becomes absolutely disgraceful when the popular papers are compelled to recognize the fact that the vast majority of the American medical schools fail to properly qualify their graduates for the duties which they are to assume.

These remarks are prompted by a recent editorial in the *Central Christian Advocate*, one of the ablest and most widely circulated religious journals in the country. We are glad that earnest men outside of the profession are

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taking an interest in this matter. Like the politicians, medical college professors have a wholesome fear of the people and their mouth-pieces, the newspapers. In fact, nothing but a dread of losing their bread and butter will ever compel them to reform their evil ways."

We agree with the *Clinical Record*. The popular and especially the religious press owe some amends to the profession and the public, for their columns are notoriously filled with quack advertisements and patent cure-alls, of ministerial and other philanthropic ex-sufferers, frauds of the worst type, who, by their affectation for religion impose upon an easily gulled public.

Society Proceedings and Notes.

Proceedings of the South-Eastern Kansas Medical Society.

FORT SCOTT, KANSAS, July 1st, 1879.

Agreeably to adjournment the South-east Kansas District Medical Society, met in the court house at 2 p. m. The President and vice-President both being absent, the Secretary called the society to order. Dr. R. J. Peare was elected President, pro tem. On roll-call the following members answered to their names :

Dr. R. J. Peare, G. W. Sholl, J. W. Wallace, T. Barnett, B. F. Hepler, F. F. Dickman, R. Aikman and Allen Wilson.

The minutes of the last meeting were read and approved. The application and nomination of Drs. H. O. Hanawalt, of Empire City, Kansas ; W. J. Conner, of Labette City, Kan ; C. B. Kenedy, G. W. Gabriel, J. M. Kleiser, and C. Rockholt, of Parsons, Kansas ; C. A. Rockwood, of Nevada, Mo. and J. B. Britton, of Mapleton, were referred to Board of Censors, and upon their favorable report, the rules, on motion, were sus-

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pended and the Secretary requested to cast the ballot on behalf of the society; they were elected and signed the constitution and by-laws.

Under call of regular committee, Dr. R. J. Peare, president, pro tem, reported a few cases of a continuous fever and asked the opinion of the society in regard to his diagnosis of typhoid fever. Drs. Britton, Rockwood Hanawalt and Conner severally discussed the cases, and all regarded them as typhoid fever, especially the case where a post mortem was held.

Dr. Sholl, a member of the Regular Committee of Obstetrics, called attention to a few points in the diagnosis of pregnancy. relating a case where an irruption vesicular in character,occurred at the seventh month of gestation,which resisted all treatment. Dr. Hanawalt related a similar case. Dr. Wilson regarded them as pemphigus, and called attention to the fact of it being one of the later manifestations of syphillis. The history, however, in both cases related was negative as regards this disease.

Under call of Voluntary Papers, Dr. Hanawalt read a paper on a case of "Frequent Abortions with final Hemiplegia and death."

Dr. Dickman on a case of "Peri Neuritis." These papers were received and placed on file.

Dr. Barnett, from the Committee on Obstetrics, read a paper on the "Morals of General Practitioners as regards the Diagnosis of Pregnancy." The paper being quite lengthy, left no time for discussion.

The Board of Censors reported favorably upon the nomination of Dr. A. C. Barlow of Fort Scott. The rules were suspended and the Secretary cast the ballot, and the Doctor was duly elected to become a member on signing the constitution and by-laws,

On motion the Society took a recess until 8 p. m.

EVENING SESSION.

The Society was called to order by Dr. G. R. Baldwin, President, in the chair.

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Discussion upon the paper of Dr. Barnett being in order, Dr. Conner took occasion to object to the sweeping statement as regards the virtue of Western women.

Dr. Peare called attention to a new method of surgical illumination in the interior cavities of the body, and presented a translation from a German paper describing the method.

Dr. Dickman presented a case of hepatic abcess, and read a short statistical paper on the subject.

Dr. Hepler a paper on a case of adipocere sucessfully relieved by the Banting System and the use of fucus vesiculosis.

The Nominating Committee reported as follows for committees on special subjects:

Infantile Diseases, Dr. G. R. Baldwin; Indigenous Remedies, Dr. Allen Wilson; Venereal Diseases, Dr. Hanawalt; Puerperal Convulsions, Dr. Gabriel; Opthalmology, Dr. Peare.

These nominations, on motion, were affiirmed.

The following resolution was introduced:

Resolved, That Art. 4 of the constitution be so changed as to read, "A regular meeting shall be held every six months." Signed as moved by R. J. Peare, and seconded by F. F. Dickman, July 1st, 1879.

It was moved and seconded that when the Society adjourns it be to meet in the city of Parsons, on the 7th day of January, 1880, at 2½ p. m.

Bill for incidentals of the Secretary, amounting to $4.95, was, on motion, allowed, and an order drawn upon the Treasurer for the same.

On motion the Society adjourned to meet as stated above.

Wm. Wood & Co., announce a new Visiting List. See advertisement elsewhere.

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American Public Health Association.

The seventh annual meeting of this society was held at Nashville, Tenn., Nov. 18th, 1879. About two hundred members were present, Dr. J. C. Cabell, President, in the chair.

A number of papers were read and discussed. The subject of general quarantine, and especially against yellow fever, received due attention. The committee recommended a national quarantine of vessels to prevent the importation of the first case of yellow fever; the establishment of quarantine hospitals; the governments, National, State and Municipal to make provisions for the removal of unacclimated persons.

Among the advisory Council (one from each State) we notice there is no appointment for Kansas. This is probably because we have no State Board of Health, or the society has no members in the State. It is to be regretted, and if so in order, we suggest to President Cabell the appointment of some one for this State as it may be the means of awakening an interest in the subject.

The South-East Missouri Medical Association held its sixth semi-annual meeting at Jackson, Mo., November 4th, 5th and 6th, 1879.

The Society is in a flourishing condition and has declared itself strongly in favor of higher medical education, as evinced by the following resolution passed:

Resolvcd, That the South-East Missouri Medical Association cordially endorse the action of Harvard Medical College, Bellevue Hospital Medical College, Medical Dep't of University of Pennsylvania, Georgetown Medical College, and the Chicago Medical College, in their endeavors to elevate the standard of medical education, by making a preliminary examination and a three-year course the requisite to graduation.

Resolved, That no member of this Association should

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receive any student unless said student first pledges himself not to enter any medical college in the United States, except those requiring a preliminary examination and a three year course of graded instruction.

The American Gynecological Society, held its fourth annual meeting in the city of Baltimore, September 17th, 18th and 19th, 1879, President T. Gaillard Thomas presiding.

Papers on Intra-uterine Medication were read by Drs. J. P. White and Robert Batty. It is interesting to note the different methods of treatment pursued. Dr. Batty recommends iodyzed phenol. Dr. Sims uses the curette, followed by the actual cautery, as the shortest method of treating uterine catarrh. Dr. Fordyce Barker uses iodoform. Dr. Thomas declared himself, as a rule, opposed to intra-uterine medication, regarding them useless and dangerous, but believed the curette of great value when funguositis exists.

Papers on treatment of puerperal septicemia were read by Drs. Jenks and Sinclair, and discussed.

Dr. Sims was elected President, and Dr. Jas. R. Chadwick, of Boston, Mass., Secretary.

Literary Notices.

THE "Boston Medical and Surgical Journal" advance sheets. Samples of the new form of this journal, indicating its size and form, shape and character, are before us. It will hereafter be published in quarto form, 24 pages, weekly. The first number of the new series will appear January 1st, 1880. It remains under the editorial control of Dr. J. Cullen Warren, assisted by a number of physicians residing in various portions of the United States. Although

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the journal will contain one-fifth more matter, the subscription price remains the same, $5.00 per year, postage paid, or 15 cents per number.

THE prospectus of the "Atlas of Human Anatomy," arranged according to Oesterseicher and Erdl, from their original designs from nature, with free and explanatory text by J. A. Jeancan, M. D., A. E. Wilde & Co., Pubs., Cin., O., is at hand. It is to be issued in forty-five monthly parts, and to contain 1,000 illustrations. If we are to judge from the accompanying plates the Atlas will be a valuable addition to the list of text books for students, and the libraries of physicians.

WE are in receipt of the January number (specimen copy) of the "Medical News and Abstract," edited by I. Minus Hayes, and published by the well known house of H. C. Lea, of Phila. The "Medical News and Abstract" is a continuation of the "Monthly Abstract" and "Medical News and Library," heretofore published separately, by this house. The number before us is certainly an excellent one, and we recommend it to the profession as reliable in its abstracts and news. It is furnished gratuitously to advance subscribers to the "American Journal of Medical Sciences."

J. P. MORTON & Co., Louisville, Ky., will publish in handsome form Prof. S. D. Gross's memorial oration at the celebration of the McDowell monument last May.

H. C. LEA annunces a reduction in the subscription price of the "Obstetrical Journal of Great Britain and Ireland" to $3.00 per annum. They however discontinue the American Supplement. We are at a loss whether to rejoice upon the reduction, or lament over the loss of the American Supplement.

THE same house announces the fourth edition of Prof. Bumstead's classical work on Venereal Diseases, revised and enlarged; also the first volume of Reynold's System of Medicine; a new edition of Bowman's Chemistry, and

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the long expected System of Anatomy by Prof. Allen.

McMillen & Co., the third edition of Foster's Physiology.

Messrs. Wood & Co., of N. Y., Cohen on Diseases of the Throat; Barthalow on Spermatorrhœa; Piffard and Fox, Cutaneous and Venereal Memoranda.

We cannot refrain from calling attention to the "Archives of Medicine," published by Putnam & Sons, and edited by E. C. Seguin, M. D. The second number contains an article on Supplementary Rectal Alimentation by defibrinated blood, by Andrew H. Smith, M. D., full of valuable suggestions. The mechanical work is done in excellent style, and we bespeak for it a good support.

With some interest we have read the review of a small monogram on Diptheria, its nature and treatment, varieties and local expression, by Morrel McKenzie, M. D., London, The author takes the view of the identity of diptheria and croup.

Vol. 1, No. 1, of the "Chicago Medical Gazette," Dr. E. C. Dudley editor, presents a neat and tasty appearance. The Gazette is to be published semi-monthly on the 5th and 25th of each month. Each number is to contain in the smallest campass the largest amount of condensed information. The number before us presents a good selection of interesting matter. Success to the Gazette.

Dental Department.—After this issue the Index will have a department devoted to Dentistry, under the editorial charge of Dr. R. I. Pearson. Communications for the same may be addressed to him at Kansas City, Mo.

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Selections.

DR. BERRALL, (*New York Medical Journal*) in commenting upon a communication from the Russian Minister, Mr. Shiskin, to the New York *Herald*, in which the benzoate of soda is highly recommended as a remedy for diptheria, calls attention to a notice which appeared in the *American Journal of Medical Sciences*, January, 1878, giving an abstract of the results of experiments performed by Mr. J. Graham Brown, Sen. President of the Royal Medical Society, Edingburgh:

"He was endeavoring to ascertain what drugs seem to have an influence over the diptheretic process. His conclusions were believed to indicate:

"1 That the contagious fluids of diptheria are rendered powerless to propagate the local disease after mixture for a longer or shorter time with solutions of hydrochlorate of quinia, salicylate of soda, and benzoate of soda.

"2. That the most powerful of these three is benzoate of soda.

"3. That the administration of benzoate of soda hypodermically, previous to the inoculation of diptheria, has a power of preventing the establishment of the disease; but that this protection only extends to a certain length.

"Mr. Brown very properly remarks that it would be very rash to suppose that any one of these points has been firmly established by the amount of evidence contained in this research. There are so many sources of error ever present, as to preclude such a possibility. Still, however, the *unformity of the results* obtained is so striking as to increase greatly their value."

Dr. Berrall himself used benzoic acid in combination with bi-carb. of soda, in one case, and found the membrane

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loosened the next day. The patient, however, died at a later period.

Experiments cited by the doctor as made by Mr. John Dougall, of Glasgow, and the recent frequent references in medical literature, lend weight to the opinion that this drug (benzoic acid) does not occupy the rank as an antiseptic it deserves. If, however, we regard diptheria as primarily located in the pharynx, and the severe constitutional symptoms as due to secondary systemic infection, the hunt for specifics is likely to be a long one. In the meantime, thoroughly cleansing of the nasal and pharyngeal mucus membrane, cauterization of every abraded surface and bleeding point, in addition to the whatever disinfectants used, should not be neglected, as probably affording the best means of protection against such infection. And as a general remedy to fulfill these indications, a combination similar to the one recommended by Prof. J. Lewis Smith, of soloutions of sub. sulphas of iron, carbolic acid and glycerine, are probably the best.

Unfortunately the application of almost any remedy in this disease is a difficult task, more so as the majority of cases occur among children; and as long as we have pharyngeal diptheria, we shall probably have systemic infection in some cases, and we shall have to look to sanitary and preventive measures rather for complete relief.

Dr. A. H. Goelet, in a contribution to the *American Journal of Medical Sciences*, for July, 1879, reports twenty cases in substantiation of views advanced by Dr. Frank H. Hamilton, (Buffalo *Med, and Surg. Journal,*) treated by hot water dressing, and thinks he is justified in the following resume from the study of his cases:

That in his first case, erysipelas could have been prevented if warm water had been used instead of tr. iodine; in the second erysipelas could have been arrested in twenty-four hours, if warm water had been used at first;

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in the third case the whole foot could have been saved, instead of amputation by Symes' method; in fourth, fifth and sixth, erysipelas, in two compound fractures and one scalp-wound, was promptly arrested; in number ten, gangrene was arrested by this treatment; in number eleven, the foot was saved when amputation at the tarso-meto-tarsal joint was indicated; in four or five cases erysipelas was prevented, and in number nine, soon arrested. The dressing may be applied in two ways, first, the limb may be immersed in hot water, constantly kept at a uniform temperature of about 100 deg., and changed twice a day; second, by means of hot fomentations, consisting of cotton batting or two thicknesses of sheet-lint, saturated with hot water, and kept at an even temperature by a covering of oiled silk, re-wetting every two hours, and changing twice a day. Certainly a very good showing.

We have taken the liberty to give the minutæ of the dressing at some length, for we are satisfied from experience and observation that in this, as in most surgical proceedure, success depends upon a thorough mastery of the details.

Z. C. McElroy, Zanesville, O., (*St. Louis Med. and Surg. Journal*) relates a simple method used by him in the treatment of epididymitis. It consists in the injection of from 25 to 35 minims of a solution of sul. morphia, 1 gr., 1 dr., beneath the skin of the scrotum. After the first injection the patient usually passes a comfortable night, and swelling subsides. A second injection is used if necessary.

Dr. D. B. Simons, Surgeon-in-Chief to the Ken Hospital, Yokohama, Japan, in the *American Journal of Medical Sciences*, April, 1879, relates a case of violent cystitis of long standing treated by 10 to 12 gr. doses of quinine, in perfect solution, given internally. No other treatment was used. Patient began to improve on the first day, and was almost entirely well by the twelfth day. He ascribes its

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action to its antiseptic properties, and claims for this method identical results as when injected into the bladder, as according to Koerner, 70 per cent. of the drug is eliminated by the kidneys in from three to twenty-four hours.

Dr. S. Hemigrey describes a plaster paris corset used by him to remedy the difficulty heretofore experienced in constructing one that could be applied and removed at will. It is applied as follows: The patient is suspended in the usual manner, a strip of muslin sufficiently wide to neatly cover the thorax and abdomen and long enongh to extend a little over one-half the length of the jacket above and below, is passed over the seamless shirt used in applying the jacket. The muslin is subsequently to be turned over the jacket thus lining both surfaces. After a layer of bandage and plaster have been applied, two pieces of steel, the length of thorax, in each of which are inserted three or four hooks are laid perpendicularly upon the plaster on a line about two inches within the inner edge of axilla in front. The jacket is now finished in the usual manner, but before completing it the muslin above and below is to be firmly and neatly drawn over the jacket, over-lapping at the centre and held in place by a turn of the bandage thus lining the jacket. The cast is now divided in the medium line in front and after making apertures in the muslin for the hooks, two canvass strips with eyelets are hooked, and the jacket, by means of these laced up in the usual manner, with ordinary corset lace.—*New York Medical Record.*

Prof. J. Lewis Smith in the last number of the *American Journal* of medical science, gives his experience in the treatment of whooping cough by inhalation, the spray of the following mixture is inhaled from a steam atomizer, from 2 to 5 minutes at each sitting, take acid carbolic ½ dr. Pottasa chlorate 2 dr., glycerine 2 oz., water 6 oz., with

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very satisfactory results, the chief danger in the disease being the spasmodic cough; he believes that by the carbolic spray, the extreme sensitiveness of the laryngeal fillaments of pneumogastric present in this disease is allayed. The plan deserves further trial.

A painless method of treating nasal polypi is communicated to the New York *Medical Record*, by Dr. S. Caro. It consists in the hyperdermic injection of from four to six drops of pure acetic acid into the polypus. It generally drops off in four or five days without discomfort or pain, disinfecting lotions being used to correct any offensive odor.

Cold as a Tonic.

We have said that cold, when it acts as a tonic, is an irritant. Every irritant produces a shock and causes an expenditure of the energy of the part irritated. This energy of the part irritated, therefore, becomes depressed; but this depression differs from that produced by a simple sedative, in that it is followed—provided the shock is not so great as to cause exhaustion—by a *reaction* to or beyond the condition in which the part was prior to the irritation. Thus, cold as an irritant, affects the vaso-moter system and produces a shock which is followed by a reaction. In other words, this system is exercised, and all moderate exercise tends to strengthen the organ called into action, and permanently to improve its nutrition. Cold, then, is a vascular tonic, and may be used generally or locally. When the circulation is feeble, and there is loss of muscular power, the general use of cold will arouse the heart, restore arterial tone, and thereby improve the nutrition of the whole body. For this purpose either the dip, shower or sponge bath may be used, according to the strength of the patient, taking care never to cause exhaustion by its too frequent or too protracted use. A thorough reaction, as indicated by a glow of the skin, should always follow the

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bath, and never a sensation of lassitude and fatigue. When the irritant effect produced by the cold water alone is not sufficient, salt or some mild rubefacient may be added. If the patient is too feeble to bear even the sponge bath, simple exposure of the surface of the body to cold air will often prove beneficial. In all cases reaction may be assisted by friction with a rough towel.

A cold douche to the nape of the neck is indicated in the following conditions:

1. When, after sunstroke, the arteries of the head remain dilated, and there is headache and dizziness on exertion or exposure to the sun.

2. In all cases in which the headache is confined to one side, and is attended by dilatation of one temporal artery and suffusion of one eye.

3. In false croup or the crowing respiration of children.

4. In tinnitus aurium, when the throbbing is synchronous with the beating of the heart, and the tympanic arteries are distended, the cold douche to the nape of the neck, aided by the internal use of hydrobromic acid, may afford relief.

Sponging the chest of a phthisical patient with cold water lessens the susceptibility to cold.

Local applications of cold water are useful in promoting absorption of inflammatory effusions and exudations in the subacute and chronic stages; also, in restoring the balance of the circulation in the liver and spleen when enlarged in malarial poisoning.

The hip or sitz-bath is useful in hemorrhoids, prolapse of the rectum, and congestion of the pelvic viscera.—*Extract from a Clinical Lecture by Prof. W. H. Thomas, in N. Y. Medical Record.*

Propylamine Chloride in Rheumatism.

Dr. W. W. Townsend, (Country Practitioner) relates several cases of acute rheumatism, and also of the subacute form, successfully treated by this agent. He gives the fol-

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lowing formula: Propylamine chloride 36 gr., aqua-menth pip. 6 dr., sachra alba 2 oz., mix; one teaspoonful every two hours. He has never failed to cut short a case of acute rheumatism in the the twenty-five or thirty years he has used it.—*St. Louis Clinical Record.*

Miscellaneous.

DR. CHAS. A. HART, in a recent number of the *Medical Record*, calls attention to a new needle devised by him to be fitted to be ordinary hypodermic syringe, to be used for exploring, and to obviate the unpleasant results sometimes following the use of an ordinary needle. It is round pointed with a small fenestrum on the side a short distance from the point. In exploring a joint or tumor the needle is attached to the syringe and introduced into the part; a withdrawal of the piston will fill the barrel with the desired fluid; on removal of the needle, the minute point of puncture closes at once. The instrument can be obtained of Caswell & Hazard, New York.

DR. JAS. B. HUNTER, editor of the New York *Medical Journal*, having resigned, Dr. Frank P. Foster, of that city, has been appointed his successor. Dr. Hunter has labored successfully to place that journal in the front rank of American medical literature. The new editor is said to possess abundant ability, and we have no doubt will not let the reputation of the journal suffer. Success to him.

WE regret that our friend Dr. R. I. Pearson, is about to remove to Kansas City. The doctor during his residence in this city has secured an enviable and lasting reputation as a dentist, and as such we commend him to the citizens of the future great. The medical profession will find the doctor a handy fellow to have around, with timely mechanical suggestions. To the social circle he

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will be a valuable acquisition. His departure was made the occasion, by the citizens of Fort Scott and friends, of a social gathering and the presentation of a handsome gold-headed cane.

A NEW Medical Directory of the United States is published by Dr. E. J. Bermingham, 13, Lafayette Place, N. Y. City. Every physician is requested to send his name, post-office address, date of graduation and name of the college that conferred the degree.

A NEW medical journal, to be called the *Chemist and Neuroligist*, is announced. Prof. C. H. Hughes, of St. Louis, editor. The latter is so well and favorably known that comment will be unnecessary.

A PUBLIC meeting for the selection of a lectureer on Gynecology in Rush's Medical College, Chicago, is to be held on the evening of January 6th, 1880. Candidates will lecture before the faculty and class on subjects previously assigned them. Applications will be received by the Secretary from all parts of the country.

BY special arrangement the Michigan *Medical News*, semi-monthly, and the INDEX will be furnished for 1880 for the small sum of two dollars. Subscribe at once.

Address F. F. DICKMAN,

THE editor of the *Western Lancet* in commenting upon the workings of the medical law of California states: Although not rigidly enforced it has already done a great deal toward driving away notorious quacks and imposters. The law has been declared constitutional by the highest tribunal, and as a rule convictions follow cases of arrest. To be an unlicensed doctor in California is to be a law-breaker.

SCARLET fever is said to prevail as an epidemic in Springfield, Ill., over 300 cases are reported. The public schools have been closed until January 1, 1880.

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The Medical Record Visiting List,

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EMPORIA, KANSAS.

A correspondent of the Philadelphia *Record* concludes his letter about Kansas as follows :

"I was much pleased with Kansas on the whole, and would recommend any one contemplating moving West to study well the advantages and disadvantages of settlements in various portions of Kansas. Do not move too far West, away from fuel and water. Get near the railroads and good market towns, like in the Neosho Valley, where there is competition in the prices paid farmers for their produce, and where there are good schools and churches. Settle in a lightly taxed county. Select a healthy spot for your future home. Buy no more land than you can properly work; 80 acres well farmed is better than 160 acres indifferently looked after. Start with money enough; don't depend upon borrowing. Look around before you buy; don't purchase the first place you see, simply because you admire it. After having chosen your home, if you go to work with a will, and understand your business, you are reasonably sure of an independent livelihood for yourself and family.

Our readers will do well to heed the advice, "Don't move too far West." Stop in Eastern Kansas, especially that portion known as the Neosho Valley country. Prices for produce rule high, and freight rates rule low, because of competing lines of railroad. Take a map and see where the Neosho Valley is. See the thriving young cities of Parsons, Chanute, Humboldt, Neosho Falls, Burlington, Emporia, Americus, Parkerville, Junction City, Oswego and Chetopa, all on the line of the M., K. & T. R'y, which runs the entire length of the Neosho Valley. Buy an excursion ticket to Emporia, Kan., over the M., K. & T. R'y, and enter the Neosho Valley at Parsons, the gate city. These tickets are good to stop over between Sedalia, Mo., and Emporia, Kansas. If you wish a beautiful illustrated Guide Book, describing Texas and Kansas, containing articles on sheep and cattle raising, and where the best and cheapest lands are, it will be sent you, free of charge, by addressing

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THE Kansas Medical Index

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F. F. DICKMAN, M. D., EDITOR.

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KANSAS

MEDICAL INDEX.

"Independent in all Things, Neutral in Nothing."

Vol. 1. FORT SCOTT, KAN., FEBRUARY, 1880. No. 2.

Original Communications.

INFLAMMATION.

BY J. H. RIDER, M. D., CAPE GIRARDEAU, MO.

[Read before the South-east Missouri Medical Society, Nov. 6th, 1879.]

There is no term so perplexing to the general practitioner as that of inflammation. In common medical parlance it is applied to all tissual change that generate heat, and often to those that do not. All parts of the body may be attacked by it. It is the cause of more than two-thirds of the premature extinction of human life; and Dr. Travers tells us that a thorough knowledge of its phenomena is the great key note to the practice of medicine. It is not our purpose to dwell on the history or causes of inflammation, but to enter directly into its pathology. We are aware that it is often asserted, and frequently by pathologists of no ordinary distinction, that no definite or correct definition can at present be given of inflammation. We honestly dissent from this opinion. It is too much our nature to attribute those phenomena which take place in the

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human organism, that we do not understand, to the vital forces, a veil that covers many of our short-comings, in the place of seeking their solution in physical and chemical laws. Accustomed to trace the action of cause and the examination of the laws which attend them, the philosophic mind views with calmness their stability, while the uneducated and unenquiring stand appalled with wonder at the attending phenomena; often attributing them to the handiwork of some supernatural being.

It cannot truthfully be said that changes take place in nature by chance. They are governed under all circumstances by laws, either general or specific. In the atomic world the laws of affinity once known are always known; they never change, whether entering into the formation of organized or unorganized substances. Yet the attending phenomena may be wonderfully curious, and the resulting compound possess qualities entirely different from the original elements. The process of atomic combinations from the first conception of embryonic life to the general decay of the tissues by age, are always the same in health. The condition of the parts taught us as abnormal, though departing from the standard of health, is not abnormal in its combinations. It is the result of the introduction of material into the organism foreign from that of natural nutrition, or the retention of those which have become effete. The destruction of the proper catalytic action of parts frequently produces these results, and more especially if a new one is set up. These new compounds are formed detrimental to those of health, and if sufficiently extensive usurp their place and terminate the existence of normal life.

Still their behavior in these formations are in perfect accordance with chemical laws. It is our purpose to examine some of these actions in the process of inflammation, and their general and local effects. Let us then rob this vexatious question of its autological character, dissect it, and view it in its several parts. Before we are able to un-

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derstand the changes wrought by disease it is necessary we should first understand those of health. Therefore we should understand healthy nutrition before we attempt the study of inflammation, it being essentially a pervertion of nutrition. The vessels of nutrition are the capillaries; they are situated between the terminal branches of the arteries and the radicals of the veins and of a homogeneous texture. The vascularity of a part depends upon its greater or less number of capillaries, which are in proportion to the amount of nutrition required. The blood makes the round of the circulation in from twenty to thirty seconds, offering to the body a continuous supply of material. It holds suspended, or dissolved, in the intercellular fluids, the materials intended for the nourishment of all the tissues.

It gives off but a very small portion of this material at each round, while it receives egressive compounds intended for elimination.

Professor Dalton tells us that nutrition is carried on by the fluid portion of the blood slowly transuding through the walls of these vessels, and absorbed by the tissues in such proportion as is required for their nourishment. The saline substances entering at once into the composition of the surrounding parts, generally without undergoing any change. All tissues in their normal condition contain the amount of fluid necessary for their healthy action. We cannot, therefore, conceive of this transudation process, but that it is a regular osmotic action. While the nutrient material passes out by exosmoses in its aqueous solution, the egressive compounds pass in by endosmosis, thereby keeping the intentitial fluid in health, always normal in quantity. Without the one the other cannot exist. Transudation never takes place until vitality is destroyed. The rapidity of these osmotic actions depend on the cell proliferation in the parts. All changes, normal or abnormal, being the result of cell production. If there were no destruction of material in tissues, there would be no demand

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for nutrition, but histolysis is the natural result of health and of disease. In one the production is in accordance to the laws of health, in the other those of disease. Both are normal in their relations to chemical conditions, but only one of them to health.

What are the conditions necessary for the healthy nutrition of a part? Mr. Paget tells us they are "1st A regular and not far distant supply of blood. 2nd A right state and composition of that blood. 3rd A certain influence of the nervous force, at least in most cases. 4th A natural state of the parts in which nutrition is to be effected." We cannot, like Mr. Paget, couceive a condition where nutrition can take place without nervous influence, but that it is necessary in all conditions. This definition we hold to be correct, excepting this point: Is there such an action as determination of blood to a part?

"No variation in the action of the heart can account for any distributive inequality of circulation, the heart acts as a forcing pump for the whole body equally; it maintains all the vessels in a state of similar repletion; it can contract more forcibly or less forcibly than usual; can give much or little impetus to the circulation; but what it does for one organ it does for all, it can show no preference."—*Simon.*

For instance, it has no inherent power to send more blood to one brachial artery than to the other; one femoral artery than the other. And again, the property of mere elasticity in arteries would not account for the phenomena of unequal distribution of blood. Elasticity no doubt exists to a great extent in arteries, and it fulfills very important uses by maintaining constant pressure on the blood within the large vessels; it converts the successive impulses of the heart into a continuous circulation of the blood, so that when you look at the circulation (in the frog's foot) you do not see it proceeding in successive jerks at each beat of the heart, but running smoothly, evenly, continuously, and never varying.

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But it is obvious that elasticity can only give to arteries the faculty of adapting themselves to their contents; the faculty of extending a counter pressure on the blood proportionate to the heart's pressure, and that this faculty, or rather this physical property, is not subject, in its manifestations to the laws of vital excitability. "No physical property, akin to elasticity, would account for the conjunctiva becoming red when you put a grain of capsicum into the eye."—*Simon.* We find no power in the systemic circulation whereby an unequal distribution of blood can take place. Is this unequal distribution (determination) of blood necessary to a part, either in health or disease? Take a fountain through which one gallon of water passes per minute, supplied by a hose one inch in diameter and fifty feet long; let the opening to it be one hundred perforations just large enough to admit the passage of the water. In its unobstructed condition the water passes tranquilly along the hose and out of the orifices; you only detect along the hose each stroke of the supply pump. But commence and stop those little vents one by one and examine the hose and the jets as you proceed. The hose gradually becomes more tense, each stroke of the pump more perceptible, while the water escapes more rapidly from the remaining vents, and is thrown to a much greater distance. This is the condition of vessels leading to an inflamed part. We have stated elsewhere that the blcod is passing continuously through the tissues, carrying dissolved in its fluid more material than is needed at any one time for their supply. From these facts we cannot but arrive at the following conclusions: 1st, The condition of the bloodvessels does not indicate the passage through them to a diseased part of more blood than in health. 2d, The parts do not require more blood, either in health or disease, than can be carried to them by the vessels in their normal condition, except in abnornal growth, where there is a special provision made. 3d, If any more blood is required in a part than the normal distribution, it is done by

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an accelerated action of the heart. 4th, There are few conditions of the tissues that require more blood than the normal distribution.

In healthy nutrition there is always a certain amount of nervous action required, either for its direct influence, or catalytic action. What is the condition of this nervous fluid in inflammation? We are chiefly indebted to the labors of Bernard for our knowledge on this head. Jones in his work on nervous diseases says: "no physician who wishes to comprehend aright the varying and manifold phases of disease, or who attempts to control morbid actions by remedies in a rational and satisfactory manner, can under-estimate the importance of the study of those phenomena."

In paralysis, resulting from a diseased state of the brain, the temperature of the paralyzed part is always lowered. The same result occurs on the division of any of the spinal nerves. The reduction of temperature is generally from 3 to 7 degrees Fahrenheit. But when we divide the sympathetic nerve in the neck the temperature of the side operated on rises rapidly, frequently as high as 11 degrees in fifteen minutes. The experiments of Samuel performed on rabbits, cats and dogs in extirpating the cœliae axis show that the hyperemia resulting therefrom in the intestinal canal was far greater than all pathological hyperæmias hitherto known. The arteries and small vessels are dilated and seem to contain much more blood than in the normal condition. The hyperæmia can result from no other cause than the division of the sympathetic.

Brown Sequard and Waller attribute the elevated temperature of the parts lying in range of the divided sympathetic, to the increased amount of blood. Like Bernard, we attribute it to the accelerated tissue change. These experiments show conclusively that the sympathetic nerves have a very great control over the circulation and nutrition of the parts, and that the vaso-motor nerves must rank high in the pathology of all disorders attended with altera-

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tion in the circulation. When the inflammatory stimulus is applied to the web of the frog's foot it acts by producing paresis of the vaso-motor nerves, the same result as division of the sym pathetic dilatation of the vessels; slightly increased movement, the blood-vessels loaded with red corpuscles, the clear margins of the liquor sanguinas dis appears, and the rate of movement lessens, and if continued with sufficient power, stasis will result. If the action of the stimulus is weak, we have only dilatations of the vessels with a proportionate accumulation of blood (small in the aggregate), but if sufficiently strong to affect the tissues which are nourished by these vessels, we have accelerated cell proliferation in them. If this proliferation is of a progressive nature hypertrophy is the result. If egressive, the production of compounds abnormal to health. The proliferation of cells when once set up to form these compounds frequently become very rapid. Water often enters largely into their production, their principal nutrition is mostly drawn from the intervening tissues. Oxygen also enters largely into their formation. Water and oxygen are taken from the blood, hence the increased action of the heart and breathing. If these new compounds are interstitial and dependent on the venous circulation to be carried off, they often accumulate in the parts, (the carrying capacity being inadequate to the demand), and constitute the phenomena of swelling. Redness results from the retention of the red corpuscles in the paralyzed and dilated blood-vessels; they leaving their natural position in the middle of the vessels and clinging to the walls. In blushing, the paresis of the vaso-motor nerves of the cheeks produce the same effect; the opposite is seen when the stimulus is highly exciting to these nerves; intense contraction of the vessels and great paleness. Pain results from the pressure and tension of the nerves, caused by the accumulation in the part. Heat results from the tissue change. Dr. Parks tells us that "fever is nothing more than a rapid tissue change."

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If the new formation is not carried off, having no office to perform in the economy, fatty degeneration immediately sets up, and pus is the result.

The result of inflammation attacking mucus or serous membranes is: 1st, An increase of their natural secretions. 2d, A proliferation of material differing from the normal secretions, and in greater amount. 3d, (If these products are not high enough to sustain vitality), the destruction of the tissues, for the nutrition of these new compounds, while they undergo fatty degeneration, degrading themselves into pus. In this manner we can separate the two great forms of inflammation, the purely parenchymatous, where the process runs its course in the interior of the tissues without our being able to detect the presence of any free fluid which has escaped from the blood, and the secretory, (exudative which belongs more properly to the superficial organs), where an increased escape of fluids take place from the blood and conveys the peculiar parenchymatous matters along with it to the surface of the organs.

Cape Girardeau, Mo., Nov. 1879.

Extracts and Abstracts.

CARDIAC MURMURS.

Prof. A. Flint concludes a clinical lecture, (*Medical News and Abstract*), by summarizing, in a few aphorisms, the following practical points:

1. Cardiac murmurs may represent lesions which, if unaccompanied by symptoms referable thereto, enlargement of the heart not coexisting, and the hearts-sounds normal, are to be considered as innocuous. The prediction of grave consequences, under these circumstances, is unwarrantable, inasmuch as they may never occur. Such lesions do not claim medical treatment, nor any extraordinary

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precautions; and it is desirable that the fact of their existence be withheld from patients, if this can be done with propriety.

2. Patients with valvular lesions are liable to suffer from functional disorder of the heart, arising from causes which have no pathological connection with the lesions. It is highly important to recognize, clinically, this accidental coincidence, in order to exercise a correct judgment as to the prognosis and treatment.

3. Various morbid conditions, other than functional disorder of the heart, may be accidentally associated with valvular lesions and more or less cardiac enlargement. These associated morbid conditions may be, in a great measure, responsible for symptoms and effects which seem to denote an advanced stage of the cardiac disease, whereas, the latter may occasion but little inconvenience, provided these accessory, co-operating conditions can be removed.

4. Valvular lesions involving either obstruction or regurgitation, or both combined, and having led to considerable or even great enlargement of the heart, under favorable circumstances as regards associated morbid conditions, are often well tolerated indefinitely. There is less reason for a hopefnl prognosis, in respect of tolerance, when there is considerable aortic insufficiency, than in cases of aortic obstructive lesions, and those which occasion obstruction or regurgitation at the mitral orifice. The danger of sudden death from aortic regurgitation is lessened by coexisting mitral insufficiency.

5. In cases of orthopnœa and general dropsy dependent on mitral obstructive or regurgitant lesions and enlargement of the heart, digitalis and active hydrogogue purgation repeated from time to time, not only often afford notable relief, but there is reason to believe that life is sometimes thereby much prolonged.

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TREATMENT OF SCIATICA.

Dr. E. Besnier uses subcutaneous injections of chloroform and gives the following instructions therefor:

I can state that with a good needle, a good syringe and pure chloroform, there are no serious accidents to fear, if the precaution is taken to introduce the canulated needle at once at a single point, to plunge it through the skin, not simply into the skin, to take special care (and this is the principal danger) that the point of the needle be not introduced obliquely, to make sure that not a drop of blood escapes, and to adapt the charged syringe to suit the injection. The needle being oiled or coated with cerate, the skin is easily pierced without giving much pain, and the injection then being made gives only a slight sensation of smarting, which soon passes off even after the introduction of an entire syringeful of chloroform.

I persist in the belief that if accidents occur in these cases they are to be imputed rather to the physician than to the method. On the other hand, experience has shown me that chloform may replace morphine with advantage, in patients who do not tolerate the latter or in those who are easily affected with morphinism. A certain number of cases of sciatica rebellious to morphine have readily yielded to this method. Some of them have been relieved only, while others have experienced no relief. Why? What are the precise indications of chloroform: At present I cannot say. But what I believe and here repeat is this: that we may inject chloroform into the subcutaneous cellular tissue and into the muscles without danger of either local or general bad consequences. But I do not pretend that chloroform can replace morphine in all cases.

Operative procedure for the treatment of sciatica: I make the first injection high up; the next day lower; the second day lower still. In some cases I even make two or three injections on the same day, using from three to four grams (45 to 60 minims) of chloroform. The dose may

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be gradually increased without danger. If, after three or four days, no result is obtained, I give it up and have recourse to other forms of treatment. * * * *

I have commenced, in my patients, with a few drops, then not obtaining permanent alleviation, and seeing no accident supervene, I have gradually increased the doses. In rebellious cases this is my procedure: I inject an entire syringeful at the highest point, then a second at the level of the great trochanter, a third at the head of the fibula and a fourth about the malleolus. I have rarely been required to repeat this many times.—*St. Louis Clinical Record from Recorde Medicale.*

TREATMENT OF HEMORRHOIDS.

By Dr. E. G. Zinke in Cincinnati Lancet and Clinic, Nov. 18, 1879.

The method of treating hemorrhoids by hypodermic injections of carbolic acid is of but recent date, and notwithstanding many reported cases, is regarded as unsafe and dangerous. The gratifying termination of three cases encouraged me very much to believe this treatment harmless if carefully practised under the following rules laid down by Prof. Edmund Andrews, in Cincinnati *Lancet and Clinic*, April 26, 1879:

1. Inject internal piles only.

2. Use the more diluted forms of the remedy first and the stronger ones only in case these fail.

3. Treat one pile at a time and allow from four to ten days between the operations.

4. Inject from one to four drops, smearing the surface with cosmoline to guard against dripping. Inject very slowly and keep the pipe in its place a few moments to allow the fluid to fix itself in the tissues.

5. Confine the patient to bed the first day.

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KANSAS MEDICAL INDEX

F. F. DICKMAN, M. D., EDITOR.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting Cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

THE PAUPER PRACTICE.

We mentioned this subject in our salutatory last month, but the near approach of the usual time for letting these contracts lead us again to call attention to this matter. The State Law, by this humane provision, contemplates furnishing medical attention to any citizen who may, for the time, be unable to do so by reason of misfortune or otherwise, the same as it provides food and shelter. But it does not expect these services gratuitously from the physician, any more than it expects the grocer, butcher or landlord to supply the poor with food or shelter free of charge. It provides for letting annually the contract to supply the necessary medical attention to the poor to the lowest and best bidder—that is, to the lowest bidder who, in the judgment of the board of commissioners, will faithfully discharge this duty to the best interest of all concerned.

To furnish these necessary medicines should not be included in the contracts, for the amount and character of the prevailing sickness in a given year is unfortunately not regulated by law, nor by the amount of pay of the contract doctor, and no physician is able to make a correct estimate of the amount of drugs required, and why should the physician be required to make his bid inclusive of the drugs? Why not require bids from the grocer, the dry

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goods merchant, &c., to supply the necessary goods in this same wholesale sort of way.

The County Clerk and most of the officers of the county receive their specified salaries; they are not required to furnish the necessary stationary used in their respective offices at their own expense.

We protest against the method. It can only result in a financial loss to the doctor or a wanton neglect of patient. If the poor are entitled to medical attention at the expense of the county, we say the county ought to pay the physician a fair and reasonable compensation. A list can readily be prepared and the druggist can furnish the drugs at so much a pound, ounce or dram, as the case may be. Then, if by chance, in absence of the contract doctor, or where from prejudice on the part of the family, (for a man may be poor and still have a choice among doctors) another physician is called he can at least obtain the necessary medicines at the county expense.

FEE BILLS.

The Chicago Gynecological Society at a recent meeting adopted a Gynecological and Obstetrical Fee table, so says the Chicago *Medical Gazette.*

Of late years we have heard but little of professional fee bills. In fact, we never were able to see the neccessity of a formal adoption by medical societies what is usually an established custom in a community, and by common consent adopted as a standard by certain members of the profession and as utterly disregarded by others; it only furnishes a pretext for unscrupulous persons to assail the society, or its members, for mercenary motives.

The amount of professional fees are governed not only by the character. &c., of the services performed, but to a certain extent by the professional standing and reputation of the physician performing such service. An opinion on a question in surgery by a Wood, Mott or

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Gunn, or in medicine by a Flint, Decosta or Allen, would be more appreciated and of course better paid for, than if rendered by one of the lesser lights of the profession.

A certain physician's time is worth so much to him, no matter how much to the patient, and whoever consumes it must pay its value. Admitting this fact, a fee bill can be of no real value. A Gross, Sayre or Pancoast cannot be expected to abide by one based upon the time value of a younger and less known surgeon, and most of the latter would starve in the garret were they to charge as large fees as the former.

We admit the perfect right of a class of men to agree to charge certain prices for certain work, and it may possibly be necessary in certain communities for doctors to adopt fee bills, but medical societies are ostentatiously organized for the promotion of medical science, &c., and fee bills had better be excluded from their by-laws as useless, for it is impossible to frame one where the exception will not be the rule, and they may possibly do harm by becoming a source of annoyance to the members.

If, perchance, any of our readers have ever experienced the vexations incident to the first issue of a publication they can readily understand why a number of inaccuracies should have escaped our attention in the last issue. This, however seems not the case with the editor of the New York *Medical Record*, who, in a late number of that journal, takes occasion to read us a rather severe lesson on orthography. This may be just and some of the errors were really inexcusable, but the Golden Rule would hardly apply here. Adverse criticism, however, has its value and is better than none and we shall not complain, and if our readers will excuse us this once we shall in future be more careful in our proof reading, and thus avoid further criticism on that score.

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TYPHO-MALARIAL FEVER.

A study of the current literature of the day with a view of obtaining a clear idea of the above mentioned fever, what it is and what it is not, or to find a definite boundary line, where remittents end and enteric fever begins, can at best but lead to disappointment. Physicians differ in what is meant by the term, one claims a hybrid disease, another an enteric in a malarious subject, while a third denies the enteric influence altogether and ascribes all the usual symptoms to malarial infection. Every physician, however, practicing in this locality will bear testimony, that we occasionally every fall (and the cases are more frequent every year), have to contend with a continued form of fever lasting from two, three, to even four or five weeks, which does not yield to anti-periodics though moderated by them to a considerable extent (for the patients usually get rapidly worse if quinine is withheld) ; which resembles enteric fever in some of the symptoms, while in others seems as distinctly of malarial origin. The latter noticeably in the usual remission, acceserbation, chilly sensations, sweat, and the variations of the temperature. It is very desirable that more light should be had upon this subject and more particularly upon the pathological anatomy, and we hope that physicians when opportunity offers make an autopsy and report the lesions together with the history of the case, in the hope that by thus collecting a number of cases, we may arrive at something more definite.

Ed. Index:

A word in regard to the statute laws of Kansas relative to "An Act to Promote Medical Science." How about its enforcement? What method shall be adopted for its prosecution &c.? It is a question of great and vital importance to those physicians who have faithfully complied with the law. Shall these "irregulars," who have set this statute aside with contempt, be allowed to stand on

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an equal footing and claim the benefits of the former class? It is an old and well established fact that the ignorant masses will as readily (often more readily) turn to the charlatan and imposter just as soon as to the educated physician. I consider the query interesting to your readers, and would be pleased to have yours or other men's views on the subject PHYSICIAN.

We are unable to answer Physician's query. If the enforcement depends upon the efforts of the licensed physicians in their respective counties, the law is likely to remain a dead letter. But few men would care to appear in the role of prosecuting witnesses against their neighbors. Perhaps some member of the State Board will enlighten Physician. ED.

Society Proceedings and Notes.

PARSONS, KANSAS, JANUARY 7th, 1880.

Agreeably to adjournment the Southeastern Kansas District Medical Society met in Good Templar Hall.

The President and Vice President both being absent, Dr. Rockhold called the society to order; whereupon Dr. H. O. Hanawalt was elected President pro tem.

On roll call the following gentlemen responded to their names: Drs. H. O. Hanawalt, B. F. Hepler, F. F. Dickman, J. M. Kleiser, C. Rockhold, C. B. Kennedy, G. W. Gabriel and J. K. Barney.

Minutes of last meeting read and approved.

The chair appointed Drs. J. M. Kleiser and C. B. Kenedy as members of the Board of Censors.

The following named gentlemen were proposed for membership: Dr. John E. Kennie, Weir City, Kansas; Drs. J. W. Weir and W. H. Belt, Oswego, Kansas; Dr. G. W. McMillin, Cherryvale, Kansas; Dr. C. E. Stead-

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man, Osage Mission, Kansas ; Drs. S. G. Colburn and R. Van Meter, Parsons, Kansas.

Recess for 10 minutes.

On calling to order the Board of Censors reported favorably upon these applications, and on motion the rules were suspended, and the Secretary cast the ballots in the affirmative.

By consent the Rules of Business were suspended and Miscellaneous Business called.

The amendment offered at the last meeting of the Society was, on motion, amended so as to read "A regular meeting shall be held every six months, in January and July respectively, and the January meeting shall be designated the Annual Meeting." On motion the question being on the amendment to the amendment carried. The amendment then as amended, passed without one dissenting voice.

The President appointed the following as a Committee on Nominations: Drs. B. F. Hepler, C. B. Kennedy, J. E. Kennie, C. E. Steadman and J. W. Wier, to report at the evening session.

No reports from regular committees.

Under special committees, Dr. H. O. Hanawalt reported five cases of puerperal convulsions coming under his observation in the short period of 13 months, with three deaths and two recoveries. His treatment consisted in the free use of the lancet when blood was obtainable, inhalations of chloroform; as rapid a delivery as was possible; bromide of potassium and tr. ver. vir., when these drugs were indicated. On inquiry the doctor stated that albumen was present in two of three cases tested. Dr. McMillan objected to the use of the lancet and would rather depend upon obtaining a free action of the bowels, admitting, however, the probability of a poison in the system.

Dr. Steadman stated that his experience in some thirteen cases was against the use of the lancet and he was also opposed to the use of chloroform on theoretical

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grounds, believing that the exciting stage of anisthesia increased an already life-threatening œdema.

Dr. Colburn did not believe that bleeding would do any good as the disease was primary, dependent on some vasomotor paralysis.

Dr. Kenedy declared himself strongly in favor of the lancet; he would bleed to syncope, as the best means yet offered to save life.

Dr. Dickman was in favor of bleeding, especially if albumen were present in the urine, not only as affording a ready method to eliminate a poison, but to relieve a collateral œdema of the brain; and further, by suddenly withdrawing a quantity of blood, he would diminish the pressure in the renal veins and thus relieve the kidneys and admit more arterial blood. If the nervous irritability continued he would not hesitate to use opium.

The discussion was continued at some length by Drs. Hepler, Kenedy, Betts and others. The latter suggested that sudorifics and emetics might be resorted to; some one suggested jaborandi.

All the gentlemen were in favor of as rapid a delivery as possible.

On motion, Society adjourned until 8 p. m.

Evening session.

The Society being called to order the nominating committee reported as follows:

For President, Dr. B. F. Hepler, Fort Scott; Vice President, Dr. H. O. Hanawalt, Empire City; Secretary, F. F. Dickman, Fort Scott; Treasurer, C. A. Rockhold, Parsons; Board of Censors, Drs. J. K. Barney, G. W. McMillen and J. H. Weir.

For regular committees:

Surgery, J. M. Kleisner, Parsons; Materia Medica, G. W. Gabriel; Obstetrics, G. R. Baldwin, Fort Scott; Practical Medicine, J. E. Kennie, Weir City.

For special committees:

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Infantile Diseases, W. W. Watkins, New Pittsburg; Indigenous Remedies, Allen Wilson, Mulberry Grove; Venereal Diseases, C. A. Rockhold, Parsons; Puerperal Convulsions, H. O. Hanawalt, Empire City; Opthalmology, R. J. Peare, Pleasanton; Typho-Malarial Fever, C. A. Steadman, Osage Mission; Cholera Infantum, J. K. Barney, Weir City.

These gentlemen were severally elected.

On motion, Oswego was selected as the next place of meeting.

On call of special subjects, Dr. Steadman related a case where a girl eleven years of age presented the following symptoms: she would have a sudden fit of momentary unconsciousness, followed by exhilaration, either crying or laughing; the child being fretful and irritable he was rather in doubt as to a diagnosis. Drs. Kennie and Colburn suggested parasites in the alimentary canal. Anthilmintics had, however, been tried in this case without benefit. Dr. Hanawalt and others regarded them as petit mal. Dr. Kleiser related a case but just under his care, where in a lady suffering from a severe shock, having been run over by a switch engine, Dr. Rockhold and himself resorted to inhalation of nitrate of amyl. Reaction set in within five minutes, and in ten minutes was sufficient for amputation to be proceeded with, the patient bearing chloroform well.

Dr. Rockhold related a case of fracture of thyroid cartilage. (The case will be reported in full in the March number.) Quite a discussion upon the medical law was had.

Adjourned to meet in Oswego on the 7th day of July next.

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Literary Notices and Reviews.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES.

No journal published in this country has been so universally accorded the place of a national medical journal, than the one heading this article. While weekly and monthly publications have more of the appearance of newspaper characteristics about them, the *American Journal of the Medical Sciences* is justly regarded, at home and abroad, as the repertory of able original articles and just and impartial criticisms. Started in 1827, it has, for half a century, maintained its position in the front rank of medical literature. Long and ably edited by the father, it has lost none of its excellence in the hands of the son and present editor, I. Minis Hayes, M. D.

MALARIA AND ITS EFFECTS. By J. W. Young, M. D. Page, Taylor & Co., Fort Wayne, Indiana.

The author claims yellow fever and malarial fever to be due to one common cause. He objects to all present theories as to what constitutes malaria, as not based upon demonstrable or clinical fact; claims the functions of spleen to be to supply the glands of the stomach with material necessary for their secretion. The question naturally suggests itself—has this been demonstrated? Further, if yellow and malarial fever are identical why is it that the former prevails, as a rule, in the crowded thorough-fares and cities, while the latter prevails mostly in the open country.

Prof. C. H. Hughes, St. Louis, Mo., has commenced the publication of the *Alienist and Neurologist*, a quarterly journal of scientific clinical and forensic Psychiastry and Neurology, intended especially to subserve the wants of the general practitioner.

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In no department of medicine has so much rapid progress been made in the last few years than in the one relating to the dieases of the nervous system. And while the treatment of these graver affections concern more particularly the specialist, it is, nevertheless, the general practitioner and family physician who is first consulted and should be conversant with the symptomatology of these affections in order to direct suitable treatment, even if not able to carry it into effect himself. We can readily see a field of usefulness for the above journal. The January number presents a handsome appearance and contains a number of excellent articles by such men as Drs. Pliny Earle, G. T. Stevens and other well-known contributors.

Dr. Ralph Walch, Washington, D. C., has commenced the publication of *Walch's Retrospect*, a quarterly compendium of American medicine and surgery. The first number, (January, 1880), now before us, presents a creditable appearance; the selections are excellent. Success to the *Retrospect*.

Paquelin's Thermo-Cautery with Wilson's Antithermic Shield, in Epithelioma of the Cervix Uteri. By H. P. C. Wilson, M. D., Baltimore, Md., Gynæcologist to St. Vincent's Hospital, &c.

In this pamphlet the author describes an ingenius method for keeping the shaft and all parts of the instrument except the knife, cool, while using the Thermo-Cautery in the interior cavities of the body. It consists in a hollow shield surrounding the shaft which is kept filled by a constant stream of cold water.

From the author: Reflex Cerebral Hyperæmia, by C. H. Hughes, M. D., reprint St. Louis *Medical and Surgical Journal.*

From same: A remarkable case of semi-conscious Epileptic Automatism, reprint from *Medical Record.*

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Selections and Cases from Practice.

MOUNTAIN FEVER.

Asst. Surgeon, J. V. R. Hoff, U. S. A., stationed at Fort Fetterman, Wyoming Ter., reports five cases (*American Journal Med. Sciences*, Jan. 1880, p. 38,) of the so-called Mountain Fever. The author in reviewing the clinical histories, says: "Mountain Fever is far from being a typical enteric, even though the latter, save as to its pathology, is a never constant entity. * * * * In every case observed there were at intervals, occurring with greater or less regularity, chills, fever and sweat, frequently all three; inevitably two of these pathognomonic stages of intermittent fever." In the light of recent experience and pathological anatomy, the author finds himself compelled to abandon the previous held opinion that the fever prevailing in the mountains is a sub-continuous one, and of purely malarial origin. He however contends that the morbific causes are not solely those of enteric, but that they are modified by the materias morbi of intermittent fever; a fact which he believes is substantiated by the deviation of normal temperature curve, by the difference in many symptoms, and by the action of quinine, which seems to have a specific effect other than anti-pyretic. The author concludes the article by the following deductions:

1st. "The fever of the Rocky Mountain region is a hybrid disease, the prominent features of which are typhoid—the modifying intermittent; is, in fact, the typho-malarial fever of Woodward.

2. It appears during or after exposure incident to field-service, generally, though not necessarily, in late summer and early autumn, and seems to bear no relation to typhoid infection as now usually accepted by the profession.

3. At its inception, this disease manifests itself as an intermittent of quotidian, tertian, or other form; this stage

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is followed (in about two weeks) by the typhoid stage, lasting in the neighborhood of about four weeks, in which typical typhoid symptoms may be observed, modified to a greater or less degree by intermittent indications.

4. The pathological anatomy of the disease is that of typhoid fever.

5. The treatment should be antiperiodic and antipyretic.

TWO CASES OF MALFORMATION.

ED. INDEX:

I present to the notice of your readers two cases, analagous in some respects, remarkable in others, occurring as they did in the same neighborhood, and only a few days apart. They could not well be termed monstrosities, yet one of them bordered upon that line very closely.

Case first, July 30, 1879: Was called at 9 p. m. to Mrs. P. in labor. Vaginal examination disclosed the membranes protruding nearly through the vulva; could not make out the presentation. I ruptured the membranes, which was followed by an excessive discharge of liquor amnii, deluging the bed, when what I supposed to be the vertrex came rapidly down the strait, within easy reach. Noticing a peculiarity of the part presenting, I endeavored to make out a more accurate presentation, but entirely failed to do so, finding no familiar landmarks whatever. Labor progressing finely, I did not interfere, when I felt a sudden rotatory movement, and a soft mass was expelled, immediately followed by the head and body of a six or seven pound child.

Upon examination of the child, I at first thought I had a double-head monstrosity, it presenting the following appearance: A commissure extending from ear to ear over the parietal bones, posterior to which existed a large, well-rounded fluctuating tumor, nodulated with smaller like tumors, one being in the commissure over the left ear, and one pointing at the posterior extremity of the main tumor,

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(which we might term the occiput of the tumor) simliar to the commencing growth of a horn, except soft and fluctuating, the walls of which were exceedingly thin. Upon invaginating the point of this tumor upon point of finger an inner constriction like a ring could be easily felt, larger than a crow's quill. The circumference of tumor and head proper was 19 inches; occipital frontal diameter, 8 in. A digital examination, as far as pressure could be safely admitted, encircling the tumor, demonstrated an abrupt edge along the occipital parietal suture. By transmitted light translucency existed, the veins of covering of tumor standing forth very prominently. The texture of covering of tumor appeared identical with that of the head proper, the hair inclining differently from the commissure. My diagnosis was a cystic tumor. Suspicious of connection with the dura mater, yet hoping it nothing but a cystic tumor of the scalp.

August 1st, thirty-four hours after birth, child had shown no disposition to nurse; otherwise nothing unusual noted. At the earnest solicitation of parents and friends, and after warning them of possible results, I operated by trocar, selecting site of operation at the horn-like protruberance posteriorly, it being the most pendent locality. I drew off about thirty ounces of a straw-colored serum—neutral by the litmus test, and excessively albumenous by nitric acid test. The cyst appeared unilocular, every portion being drained, the coverings shrinking down like an empty bag close to head. From external appearance I judged the occipital bone to be entirely absent. The patient at first appeared rapidly to sink under shock, assuming a dusky hue, but soon reacted and slept quietly. I transferred the little patient to its nurse, with instructions to be kept on its side, and patiently awaited its death, which I momentarily expected, or at least in a few hours.

August 4th, 3 p. m., child died in convulsions. Autopsy at 7 p. m., four hours after death, found about two ounces of bloody serum in sac; also a complete absence of occi-

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pital bone; the lining of sac appeared to be the dura mater and arachnoid. The pia mater was a mass of ecchymosis; the cerebellum was shrunk away to not much larger than a walnut; the cerebrum was of normal size but congested, and covered with clots under its investing membrane. On examination of mouth we found a cleft of the palate and absence of the uvula. The child had not nursed and died of inanition.

Case 2d: About four or five days later, Dr. James, of this place, requested me to accompany him to the house of one of his patients as he had also a remarkable curiosity to show me. During the early morning he had delivered a lady of a large, fine child in every respect; perfect in form until above the shoulders; absence of neck, head setting upon the shoulders; chin and nose regularly formed; eyes unnaturally large and very promient, presenting an appearance of exophthalmus; the optic axis diverging outwards; the cranium proper entirely absent; anteriorily to the superciliary ridges, posteriorly to a line corresponding to base of skull. About one ounce of brain substance was thinly spread over what might be termed in this case, the base of the skull. that being covered by a thin membrane. The labor progressed naturally and the child presented vitality at birth, but died immediately. No *post mortem* was held to ascertain if other organs were complete, but presumably they were from external appearances. This might be termed a case of anencephalus, or, perhaps, paracephalus, belonging to the family of acephali, monopes, etc. A cerebro spinal organization of a nervous system, undoubtedly existed, to what perfect extent death came to quickly to ascertain.

The occurrenee of two such remarkable cases in such close proximity to each other, near neighbors, excited considerable comment. As usual in such cases, various causes were speculated in, and the peculiar events that happened during their pregnancies were recalled. It is out of the question to indulge in the idea that case one

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had any influence upon case two, for maternal impressions could not absorb fœtal bones and produce such wonderful changes so rapidly.

Dunglison classes as possible causes of monstrosities :

1. The influence of the material imagination on the fœtus in utero.

2. Accidental changes experienced by the fœtue at some period of its uterine existence.

3. A primitive defect in the germs.

The second seems to be the only one that is philosophical.

W. W. WATKINS,
New Pittsburg, Kans.

SEVEN MONTHS IN A WATER BATH.

TRANSLATED FROM THE GERMAN BY DR. R. J. PEARE, PLEASANTON, KANSAS.

A long time ago we published a short communication concerning a patient in the State Hospital at Friedrichshaim, a woman of 65 years of age, who on account of complications arising in the course of a long and wearisome treatment had been taken out of bed and placed in a water bath, in which she was intended continuously to remain.

The treatment referred to is ended, and as it is crowned with success, it may be of considerable interest to speak of it again somewhat more in detail.

The woman in question had suffered a very complicated break of the thigh, so that she had to be conveyed to the surgical department of the State Hospital. On account of the age of the patient the healing process was very tedious. In consequence of this, bed sores soon made their appearance upon the back, which were attended with extensive inflammation and considerable discharge. In addition to this a high fever took place which soon drained the strength of the patient, and there remained lit-

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tle hope of her recovery. At this time she was put into baths, in which remained for considerable time, after which she always felt better. However, as soon as she returned to her bed her condition became visibly worse. At this critical period the physican in charge of the outside department, the distinguished surgeon, Dr. Schede, ordered that the woman should be returned no more to bed, but be allowed to remain permanently in the water. So the patient spent full seven months uninterruptedly, day and night, in the bath, and, thanks to this persistent and consequently successful management, she was restored to health and allowed to depart from the hospital.

About the same time a young man of about 18 years of age, who, in consequence of a general affection of the bones, was received into the same hospital. He had become bed sore, and was obliged to spend six months in a water bath. The result in this case was also recovery.

SELF-LIMITATION OF DISEASE.

Dr. Will Porter, at a recent meeting of the St. Louis Medical Society, read a paper in answer and commenting upon a paper entitled "Self-Limitation of Cases of Phthisis" read before the New York Academy of Medicine by Prof. A. Flint, Sen.

The paper, (Dr. Porter's), created quite a discussion, participated in by a number of gentleman upon the subject heading this article.

Dr. Porter, in reply to a question, did not know of any disease that in a strict sense gave evidence of self-recovery.

Dr. Gregory assumed that all diseases are limited, and did not believe the doctor's services were worth a bamboo were it not for the strong disposition on the part of an implicated organ, or part of a body to get well.

Dr. Hughes differed from Dr Gregory only in that he believed that it was the inherent physiological powers

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which were constantly at work throwing off disease as it were, which limited disease. He doubted if there existed any such thing as self-limitation of diseases; he did not understand diseases to be a restorative process.

Dr. Maughs regarded tuberculosis not a self-limited disease, its tendency is towards death. Some authors claim tuberculosis to be a malignant disease. Webster defines a malignant disease as one ending in death.

Dr. Gregory remarked that he had taken a broad view and would take a broader still; he believed that all perverted actions were malignant disease; he assumed cancer self-limited, that is, if the body were large enough and and lasted long enough, cancer would play out.—St. Louis *Medical and Surgical Journal*, Jan. 5. 1880.

This question is very interesting, and really one of the fundamental principles of the science of medicine. That certain diseases have certain laws there can be no question as instances we need only mention the erruptive fevers, which pass through a certain course, indifferently alike effected by therapeutic art or hygenic measures. We are, however, disposed to adopt views similar to those of Prof. Hughes, and regard man in health as a physiological entity, and disease his enemy, to be resisted if can be, to be got rid of as soon as can be done, and any injuries which the system may have sustained, to be repaired as rapidly as possible. There are a good many physicians who do not regard all cases of phthisis as due to a constitutional vice, and are disposed to regard many cases as unaccomplished efforts at repair, which, if we were able to treat locally, as we do a suppurating joint for instance, and especially if we were able to profit by nature's great recuperative power, "rest," would be as readily repaired. But there is the difficulty, nature thwarted in her efforts first in primary union ; she next attempts to heal the breach by throwing out plastic matter; this, in already existing cavities, comes constantly in contact with the external air, and any adhesion which may take place is liable

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to be torn asunder at renewed inspiration; and what is first a physiological process, a process of repair becomes a source of irritation, continuing for years until death closes the scene. Of course it must be understood that inflammation is here regarded as identical with, but exaggerated normal irritation, only provoked for purposes of repair or to eliminate a foreign substance.

CHLORATE OF POTASSA IN THE TREATMENT OF PULMONARY PHTHISIS.

Dr. J. R. Partenheimer, of Phila., becomes quite enthusiastic over this remedy, and claims 75 per cent. of cures in the first stages, and palliation and prolongation of life in the second stage, and sums up the following good result:

1. It improves the appetite.
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3. Checks diarrhœa and sweating.
4. Restores tone to the nervous system.

He administers the remedy in 15 gr. doses four times per day—adding tincture chloride of iron if indicated.—*Hospital Gazette.*

HARD ON HOMŒOPATHS.

In some parts of Germany physicians are not permitted to dispense medicines when there is an apothecary in the place to do it for them. Three Homœopathic physicians were practising in Regensburg, when an apothecary of the same belief came among them and wanted them to send their prescriptions to him. Two of them refused and were brought before the court and fined about five dollars. The case was appealed to a higher court and the medicine (pellets) sent to the University of Erlangen for chemical analysis. The chemist of the university failed to find anything in them of a medicinal or poisonous nature, and so reported. Whereupon the Judge reversed the de-

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cision of the lower court, and declared that there was no law that prevented physicians from distributing sugar plums as they choose.—Boston *Medical and Surgical Journal.*

Dr. A. Doud, dentist, formerly of Olathe, this state, succeeds Dr. Pearson in the profession at this place. The Dr. is well known in the north part of the State as a skillful dentist, and Fort Scott is to be congratulated in securing him as a citizen.

The Galveston *Medical Journal* claims 25,000 physicians in that State, or nearly one-half of the 60,000 in the United States. Hard on Texas, that.

Measles, mild in character, are prevailing to some extent in this city and surrounding country.

Quinine for hyperdermic use. The following recommended by Dr. M. L. James, in the Virginia *Medical Monthly*, is said to prevent ulceration : Quini sul. 1 scruple, lactic acid 20 minims, distilled water 1 dram.

Dr. Baldwin, Columbus, O., endorses Copman's method of treating vomiting in pregnancy. After exhausing all usual methods, he promptly and permanently relieved his patient by freely dilating the os by means of index finger.—Ohio *Medical Report*, Aug. 1879.

According to M. Constantin Pard, in the *Medical News and Abstract*, Iodoform can be deprived of its odor by essence of mint, 6 drops, sufficing to deodorize thirty grammes of Iodoform.

The India *Daily News* in giving the report of a post mortem made by a native doctor, uses very plain English as the following sentence will show : "At 9 a. m. of the 21st, I held a post mortem examination on the carcass of M. Sooknea, a female, aged about 30, and found her body damnably swollen and entirely decomposed."—Michigan *Medical News.*

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SEPTEMBER, 1880.

Kansas Medical I

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Rev. R. C. BARTLETT, M. D., F. C. S., Toronto, Canada. "I have used Lactopeptine in cases of indigestion, and have found it a valuable remedy."

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THE KANSAS MEDICAL INDEX

Published monthly at Fort Scott, Kansas, is the only journal devoted exclusively to the interest of the profession in the State. It aims to furnish a medium of interchange of thought on matter of interest to the profession, and invites communications for that purpose.

As a medical journal it will contain every month as complete an abstract of progress in medicine, etc., as may seem of interest to the general practitioner.

Particular attention will be paid to the discussion of our State Laws and thus aid in securing suitable amendments where necessary.

In short, the INDEX is a Kansas enterprise; devoted to Kansas interests, and seeks the support of Kansas physicians. If you like our platform please give us your support.

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SPECIALTIES

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Sanguis Bovinus Exsiccatus, Defibrinated Bullock's Blood (dessicated.) This article was first introduced by Dr. A. H. Smith, physician to St Luke's Hospital, N Y and subsequently investigated by F E Stewart Ph G M D, of the same city, who utilized the product by dessication. Popularly employed as a remedy for consumption etc, who drink it at the abbatoirs, as it flows from the freshly slaughtered animals. As a sustaining and supporting measure it supplies nitrogenous tissue waste, obviates the tendency to death by asthenia, and forstalls a degree of prostration dangerous to life. As a restorative agent it is indicated in the slow convalescence fever, in wasting diseases of various forms, consumption and the like, in cachectic states from various constitutional poisons, syphillis, scrofula etc, and in all cases where impaired blood nerves or digestion, give rise to the anaemic condition with its resulting general debility, hypochondriasis, or other functional disorder. As a curative agent in atonic dyspepsia, anaemia and various derangements of nutrition and secretion. For a description of the process of manufacture etc, in detail please send for circulars.

Bromide of Ethyl, [Hydrobromic Ether] chemically pure. The new anaesthetic. This article has been used to produce anaesthesia with very satisfactory results, proving to have very important advantages over chloroform, ether and other agents heretofore in use. It is powerful, rapid in action, and in short it possesses many advantages over the above agents. Although comparatively a safe anaesthetic, we should still advise care in its use by those unfamiliar with its properties, and will be pleased to furnish circular containing report of case by Dr. J. Marion Sims, in which dangerous effects followed its use.

Jamaica Dogwood, Piscicia Erythrina.—The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country. Making due allowance for the enthusiasm which its action has aroused we would only say that whereas we a short time since merely asked the profession to submit to a trial we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the use of opium.

Manaca, Francea Uniflora.—This drug is officinal in both Brazilian dispensatories in which it is classed among alteratives of the more active and positive kind. So marked is its effects in the Syphilitic cachexia that it has been called murcurio vegetal by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease. We ask for it a thorough trial under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific for the chronic form of the disease.

Extract Duboisia, We are just in receipt of a direct importation of this rare and expensive drug. Duboisia, though scarcely two years before the profession of this country, has already largely supplanted atropia, formerly regarded indispensible as a mydriatic, in the practice of opthalmology. Its action on the eye is similar to that of atropia, dilating the pupil and paralyzing the muscles of accommodation, but is much more prompt and is attended by none of the disagreeable effects of that salt, irritation of the conjunctiva dryness of the throat, and in children, hallucinations, delirium, etc.

Gelatine Capsules, Th desirability of some neat and expeditious method for the administration of bitter or nauseous drugs, will be particularly manifest to physicians during the spring months, in which the demand for quinine, especially in malarial districts is large. By using our capsules the taste of the most disagreeable drug may be obviated, and the patient saved the distuabance arising from repugnance.

Capsule Fillers, To enable us to supply the physician with the means of utilizing to the fullest degree the many advantages attending the employment of gelatine capsules; we have taken the agency for two very ingenious capsule fillers, known respectively as Davenport's and Whitfield's. With one of these instruments capsules may be filled in much less time than it would sake to prepare powders or make pills. Send for full descriptive circular of the instruments. Sold by wholesale druggists

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KANSAS

MEDICAL INDEX.

"Independent in all Things, Neutral in Nothing."

Vol. 1. FORT SCOTT, KAN., JULY, 1880. No. 7.

Original Communications.

EUCALYPTUS GLOBULUS IN MEDICINE.

BY T. S. FLOYD, M. D.

[A paper read before the South Kansas Medical Society.]

Having presented the claims of Eucalyptus as a surgical dressing, in a paper read before the Kansas State Medical Society, I wish to-day to offer a few brief observations as to its uses in medicine.

Recent experiments have demonstrated its reliability in preventing putrifactive change, equal to carbolic acid at least, as also its power to destroy or hinder the multiplication of bacterial germs and septic poisoning.

For use in medicine both the oil and the fluid extract are available and reliable. The oil, according to Cloez, who has given its analysis, is composed chiefly of eucalyptus and eucalyptolene, both hydro-carbons, which rapidly combine with oxygen. The fluid extract of the leaves con-

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tains besides the oil, tannin, and three resins, also a crystalizable fatty acid and some minor substances.

The presence of eucalyptus has been detected in the blood of those to whom it has been administered, and the blood of such persons, when exposed to the air, has resisted putrifactive change much longer than that not so impregnated. It is also readily detected in the urine, and it perceptibly increases the renal secretion. With these indications for its use before me, I have given eucalyptus with much satisfaction as a gargle in ulcerated sore throat; also as a gargle, and combined with jaborandi, internally, in a number of cases of scarlatina with results so good as to justify "great expectations."

In two very severe cases of typho-malarial fever, the first of which was a lad of 14 years, quite feeble from hereditary phthisis, the second a boy of four years, who had suffered so long from chronic malarial poisoning, that his nervous system was completely prostrated, and he would scream with terror at the approach of any person, even his mother; I resorted to the fluid extract of eucalyptus, after having pursued the ordinary anti-periodic treatment with no apparent benefit, and I had really lost all hope of their recovery. The first twenty-four hours showed a marked improvement, which continued under its use without interruption to complete recovery, and during this time no other medicine was given.

I have also used the fluid extract as a vaginal injection in blenorrhœa, leucorrhœa and kindred affections; also in gonorrhœa in both male and female, of the strength of one part of fluid extract to seven of water; the addition of a little glycerine is usually desirable.

I much prefer this wash in these affections to any dilution of carbolic acid, the indiscriminate use of which is accountable for much mischief. In erosions of the cervix uteri, without ulcerations, I used the fluid extract undiluted as a local application with benefit.

Administered internally it has proved very useful in

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cystitis and pyelitis both acute and chronic. Lest you may think I desire to recommend eucalyptus for "all the ills that flesh is heir to," I will ask attention to the reports of a few authorities who have used it with success:

Prof. John E. Braskett, of Howard University, Washington, has reported sixteen cases of chronic malarial poisoning, that had resisted all other treatment, in the wards of the Providence Hospital, that recovered under the use of eucalyptus.

Dr. Mulherson, of Detroit, in an article in "New Preparations," June, 1879, after detailing his favorable experience with eucalyptus in a severe case of cystitis following child-bed, says: "I have added eucalyptus with benefit to gonorrhœal mixtures, especially when I had reason to suspect irritation, sympathetic or otherwise, of the vesical neck. I am satisfied that eucalyptus globulus is, in addition to its other valuable properties, a very important addition to our list of remedies in the treatment of urinary affections.

Dr. J. C. Skene in his work on the "Diseases of the Female Bladder and Urethra," refers to it as being recommended in obstinate cases.

Dr. Mallory, of Michigan, after detailing a case of in-inflammation of the lungs with complications, in which eucalyptus was his last but successful resort, says: "The balsamic properties of eucalyptus, and also its antiseptic properties, make it a valuable medicine in all inflammatory conditions of the mucous membranes of the human economy, whether acute or chronic. It has a marked influence also on the organs of excretion, eliminating through them the deleterious matters in the circulation; hence, it arouses the kidneys to greater action; it is also a stimulant to the liver."

As the object of this paper has been simply to ask your attention to an article which I believe will, when it is more widely used and better understood, be considered as val-

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uable and indispensable an agent as we have in our materia medica.

I have been as brief as possible, leaving it for each individual practitioner to decide on the special indications for its use, believing that once knowing its therapeutical action you can hardly go amiss in its use.

A CASE OF PERSISTENT ECCENTRIC PRIAPISM.

BY C. H. HUGHES, M. D.

Dr. Geo. L. Peabody, Medical Registrar and Pathologist to the New York Hospital, in the New York *Medical Journal* for May, in an excellent article on persistent priapism, not connected with lesion of the central nervous system, details a case of this kind accompanied with leucocythæmia, and refers to thirty-two cases, five of which besides his own were associated with this condition; a foot note reference is also made to one of Dr. Carpenter's cases (*Lancet*, Jan. 1st,) of leucocythæmia in which recurring priapism "was a troublesome symptom."

He gives the following as the most important facts with regard to priapism:

1. It may be regarded as an occasional symptom of leucocythæmia.

2. It may come on without assignable cause in perfect health, though it usually attacks anæmic persons. It sometimes follows, though exceptionally, sexual intercourse.

3. It may last from a few days to two months, and has lasted a longer time, though rarely.

4. It is extremely painful, causing asomnia, nervous exhaution and general prostration. * * * * * Medical treatment has proved entirely useless as far as the cure of the condition is concerned.

Prognosis not good on account of accompanying cach-

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exia and sequel of impotence.

Corpus callosum not usually affected.

The case I here record was not associated with either leucocythæmia ar anæmia, had no central origin and was not followed by impotence.

"Maj.," the patient, was a burly, broad-chested and tall-statured young negro man, full of lusty life, the title to whose poll was at that time (1862) vested by law in the Lieutenant-Colonel of our regiment, the 1st Missouri M. S. M. Vols. Maj. was a trusty servant. faithful and true to his master in all matters where there was no woman in the way of his fidelity. On his way from the northern part of Missouri to the regiment, then at Pilot Knob, Maj. encountered some of the dusky courtesans of Clabber Alley in St. Louis, who rewarded his gallantry with a gonorrhœa, the result of which was a persistent and most painful priapism, in which disabled condition he reported to the Colonel for duty.

The priapism lasted between four and five days at the hospital, and had existed three days before the Colonel decided to send Maj. there for treatment, our hospital being some sixty miles distant on the railroad.

Maj.'s stature was six feet two inches, and the length of the penis at the height of this unnatural erection was twelve inches. The writer was then a young surgeon, and this was the longest instrument of the kind he had ever witnessed. The length of the organ when pendent was eight Inches. I never saw it in a state of erection after its reduction to the flaccid state, and Maj. declared "he'd never let it git dat way agin, for he nebber 'tended to do dat no mo." I cannot say how well he kept his promise.

The ordinary treatment of gonorrhœa, saline laxatives and copaiba, was employed, and for the priapism free and constant flaxseed poulticing to the organ, together with suppositories of camphor and opium, 8 to 12 grains of the former and 4 to 6 of the latter.

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The erected organ had completely drooped by the fifth day of treatment, but the negro's suffering were for a time intense, and though his ludicrous attitudes sometimes provoked a smile in spite of the consciousness of his pain. His pants would not contain the organ without intensifying his suffering by friction, so he was compelled to lie abed with the bed clothing held off from it with sticks of wood, and the act of micturtion could only be performed with any degree of comfort by his getting down on his hands and knees and urinating through a crevice in the floor of the log hospital. There was no associated disease except the gonorrhœa. The persistent priapism was due to the transmitted irritation of the gonorrhœal fever and virus, and subsided *pari passu* with the subsidence of the specific inflammation.

St. Louis, July 3rd, 1880.

OPTICAL PERPLEXITIES.

BY R. J. PEARE, M. D.

Occasionally cases of a very perplexing and sometimes confusing character present themselves to the oculist, and not a few of them belong to the subject of refraction and accommodation.

Recently two such cases came under my notice, and it is chiefly because standard authorities, such as Stelwag, Wells or Williams, say but little on the subject, and what little in such a manner as to puzzle nine-tents of their readers, as it has myself, that I make these patients the subject of an attempt to explain as lucidly as I can one of the peculiar phenomena of hypermetropea.

For instance, a patient complains that he is unable to read at the proper distance, but on bringing the book quite close to the eye and blinking he is enabled to read quite distinctly. Myopea at once suggests itself. Concave glasses are tried, but the difficulty is at least unimproved.

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Vision remains materially impaired for all distances. How is this apparently paradoxical condition to be explained? It is not myopia. Hypermetropia and Presbyopia are excluded because these conditions require the object beyond eight inches, while the patient can see best inside that distance. Amblyopia and astigmatism are certainly not present, the object being distinct and its proportions correct. What, then, is left to explain the difficulty? A convex glass is tried, and vision is immediately improved. The patient not only sees much better with the object held quite closely. but he can also see clearly at a distance. The fact is the patient is hypermetropic, and has been resorting to a very complex strategem which he has found experimentally to improve his vision. He brings the object close to the eye, he blinks as myopia does,but without compressing the eyes, and so places himself that the object may be fully illuminated. Thus he presents the apparent contradiction of a person whose refraction is hypermetropic seeing clearly at the distance of four or five inches. Such patients persist in regarding themselves as short sighted, and physicians sometimes share in their mistakes.

Now, how does the patient gain anything by the effort above described? First, the object is brought close to the eye. This is not essential, but only accessory to the second act. For, without approaching the object the eyelashes of the approximated lids would obstruct vision. Any one may prove these statements for himself. Let him render his eye, if normal, hypermetropic by, for instance, the use of a No. 14 or 16 concave glass; then place No. 2 type at the proper distance and illuminate the page well. He cannot see distinctly. Let him now close the lids to the smallest space that will admit light; he cannot yet see to read. Now let him open the eye fully and place befere it, as a substitute for the closed lids, a piece of Japanned tin with a perforation in it large enough to

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admit a No. 6 Bowman's probe; he can now see distinctly. Let the experiment be repeated, holding the object close to the eye; vision is equally good with either the lids closed or with the diaphragm. The distance of the object is the only difference between the experiments. Yet the patient cannot see alike in both. For as the lids fall to diminish the palpebral aperture, the lashes intercept the rays of light from distance, while for close vision this does not occur. So that approaching the object adds nothing to the acuteness of vision, but is only an expedient to avoid obstruction of the light rays. If, however, one is suffering from amblyopia, in addition to hypermetropia, something is gained by approximating the object, for as the distance is diminished, the visual angle is proportionately increased, and consequently the retinal image magnified.

We now come to the essential part of the effort to correct the error in refraction from which the patient suffers, viz., blinking. Here, again, the diaphragm may be resorted to, substituting it for the partially closed lids, and using type as the object, at the same time wearing the concave glass as before.

But first, what is the nature of the condition the patient has to encounter? What is the hindrance to visiou?

The answer is reduced to its simplest form by saying that the hypermetropic eye is incapable of focusing rays upon its retina. They are yet too divergent after refraction by the lens, and, if proceeded, would focus behind the eye. The retina, then, as it were, intercepts the rays before they reach their focus, and instead of a point upon it, a circle is produced, technically known as a "circle of diffusion." Now, from each point of the object a pencil of rays proceeds to the retina, and then instead of counterpoints, circles are produced, and in proportion to their size they overlay each other more or less. The consequence is that the retina does not receive a distinct image of a single point in the object, and the whole image is necessa-

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rily indefinite in outline. These are the difficulties he has to remedy.

Now, the larger the pupilary aperture, the larger, of course, will be each pencil of rays that enters the eye, and consequently the larger the circles of diffusion, and the greater the indistinctness of vision. Conversely, the smaller the pupil, the less will these difficulties appear, for the outer rays of each pencil being cut off, the circles of diffusion are proportionately diminished, and their overlapping more limited. Moreover, the central part of the cone of rays is the more luminous, for they are there more condensed, passing as they do through ths center of the lens. There is, therefore, a more luminous, more condensed and better defined image formed as the result of blinking, and therefore better vision obtained.

Now let us prove this by experiment. Rendering ourselves again hypermetropic, by means of a minor glass, place the type at the distance of twenty-four inches from the eye; we cannot now see a letter of ordinary newspaper type. Place now the perforated diaphragm before the eye and we can see distinctly every letter. (Here a second diaphragm with smaller aperture, one which will admit No. 1 Bowman's probe will be needed.) Now bring the book gradually closer to the eye, and we observe the type to be growing more and more indistinct. Holding the book when the greatest indistinctness is observed, place now the second diaphragm before the eye, and presto, all is clear again. Now what is proved by this? Simply that blinking relieves hypermetropia by shutting off the most diverging rays proceeding from an object, and thus diminishing the circles of diffusion upon the retina. What other property can the perforated disk possess? But did it possess others, the question would be set at rest by this: that as the object is approached to the eye while using the diaphragm, which renders vision possible at a distance of two feet, vision becomes more and more impaired, and that a smaller perforation again restores it.

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For, as the object approaches the eye in the first instance, the number of too divergent rays entering the pupil gradually increases, and the smaller aperture again best cuts them off. It will be seen by these experiments that the approximation of the object to the eye while blinking is not essential to vision, for with the diaphragm, vision is is equally good at all distances; the only change necessary being the size of the aperture through which the patient looks.

Having now, I hope, given a clear and satisfactory explanation of one obscure phenomena of hypermetropia, a practical lesson which it teaches may with advantage be pointed out, viz.: that the fitting of glasses to the various derangements of refraction and accommodation, requires a thorough understanding of this subject. It must be remembered as an important rule that the glass which enables a person to see clearly is by no means certain to be the glass he should wear. The hypermetropia may be, as has been shown apparently myopia, and be benefitted by a convex glass, while he may also suffer from a condition which is apparently to himself and others, for a short time, but mistakenly so, benefitted by a concave glass.

Therapeutic value of Salicylate of Sodium in the Intermittent Fever of Children.—Dr. J. Zielwicz, in the *Deutche Med. Wochenschrift*, No. 41, 1879, reports 207 cases of intermittent fever treated successfully with large doses of salicylate of sodium given during the febrile period. As regards certainty and rapidity of action, however, it is inferior to quinine. To children under one year an average amount of 3.5 grammes (with a range of 3 to 8 grammes) was administered; to children of 1 to 4 years, 5 to 6 grammes were given; and to children of 10 years. 8 to 10 grammes. The treatment is less expensive than that by quinine.—*London Med. Record, May 15, 1880.*

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KANSAS MEDICAL INDEX.

F. F. DICKMAN, M. D., EDITOR.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting Cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

SPECIALISM.

The number of specialists and specialities are yearly increasing, and the more thoughtful physician wonders where the end will be and what will finally be left for the general practitioner to do. We don't for a moment question the services rendered by men who have devoted a life time study to some specialty, and it will be needless for us to enumerate the many brilliant triumphs achieved by some of them. But we question the utility of extending this division generally. Even at the present day every cross-road village has its opthalmologist, aurist or gynecologist, not mentioning the gentlemen who in a minor way make the rectum, urethra, throat, nose, pharynx etc., their particular field of onslaught; and a remark recently made by Prof. Jacobi seems applicable, to-wit: "The general practitioner will soon have nothing left but the umbilicus to practice upon."

Two prominent reasons may be assigned why this tendency is to be deprecated:

1st. The pernicious effect it has upon the student who is apt to pass lightly over studies which he believes (and in this belief he is frequently encouraged by his teachers) that they belong to some field of specialism, and conse-

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quently of but little use to him, only to discover his mistake after he goes into active practice, and only in time to lament the deficiency in his medical education. Next to a knowledge of man in health, a thorough acquaintance with pathology and symptomatology are necessary qualifications of a good physician, and after once acquiring this knowledge, there is but a step to a rational indication for treatment, which in most instances may be as readily carried into effect by the general practitioner as the specialist.

A second and more serious objection is the fact that the popularity of specialism at the present day has led many unscrupulous persons to affect some one of them for the sole purpose of advertising themselves, using it as a sort of handle to keep themselves afloat, or to cover up some glaring irregularity; all of course under the guise of regular medicine and the code of ethics. It is useless to dwell upon this fact, for it must be apparent to every reader. It is not confined to the charlatan, but of the common sort, and practiced by men in high places as well.

The remedy we believe lies with the general practitioner. Dr. at a recent meeting of the Michigan State Medical Society. read a paper on this subject in which he urges the general practitioner to so qualify and prepare himself as to be able to perform any operation he may be called upon to do, and we ask the question, Why not? He may be called at any moment to tie an important artery; he must have the necessary anatomical knowledge for this purpose, and we naturally ask the question, will not this qualification, enable him to tie this same artery for an aneurismal tumor? This is but an isolated instance. Cases of emergency often require the best of judgment aud prompt action, and these the general practitioner will always be required to meet; and we are of the humble opinion that the men who meet these cases in their routine practice successfully, ought to be qualified to un-

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dertake operations for chronic troubles,where they usually have plenty of time to fully mature the different steps of treatment, and we don't believe that specialism ought to be encouraged by our neglect and indifference in these cases.

We have no objection to legitimate specialism, but we believe if a practitioner has a special knowledge or is better qualified by reason either of an inborn tendency, or by education so fitted as to better treat some form of disease than his neighbor, it is a duty he owes to the profession and humanity to abandon general practice and devote his entire time to his speciality.

A case of alleged cruelty to children and the hastening of death by starvation and improper medical treatment, was recently investigatcd at the coroner's office in this city. The child (2 years of age) had suffered from diarrhœa for about 8 or ten weeks, and, after diversified treatment, was finally put in the hands of ignorant people (man and wife) who claim to possess the power of healing the sick by the laying on of hands, and who offered to cure the child for twenty-five dollars.

Of course the child died on their hands. and hence the investigation.

The jury returned a verdict of death from natural causes, hastened by inanition, and the want of proper medical attendance while in the hands of the Rowe family.

The autopsy revealed sufficient cause for death; the child would undoubtedly have died, no matter what treatment during the last ten days, and all that possibly can be said is that death was hastened by the want of proper sustaining measures. The food administered by the Rowe family being wholly unsuitable for a patient in that condition, and the amount assimilated during the last ten days was undoubtedly very small.

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The blame, if any, must first rest with the parents for placing their infant in the hands of such people; and yet, as the father states there were some extenuating circumstances. The child having been sick some eight weeks, and been treated by different medical gentlemen for simple diarrhœa, gastro-enteritis, without any benefit, what more natural, when these people proposed to cure it, than to place in their care. "Where illustrious science fails, gross ignorance may prevail."

The Rowe family are undoubtedly censurable for thus tampering with human life, and must not be permitted to pursue their nefarious business. The charge of improper medical treatment could not be sustained, at least not against them, and the verdict of the jury is probably all it could be under the circumstances.

The revelations at the autopsy are of some considerable interest. The child with a hereditary predisposition to tuberculosis. had been suffering from a hacking cough all winter. During the month of May it was taken with vomiting and diarrhæa, and treated for simple diarrhœa and gastro-entritis, and yet at the necrospy the intesnal tract was singularly free from disease, with the exception of an enlarged Peyer's patch near the illio-ceca valves no evidence of any recent or remote inflammation appeared. The mesenteric glands were enlarged, and undergoing cheesy degeneration. The lower border of liver extended clear down into the pelvis, the organ being probably three times as large as it should be; the spleen somewhat enlarged and of a steel-blue color; the lungs were studded with tubercles, and evidences of an old pleurisy on the right side; the heart was healthy, brain not examined.

We commend this case, first, to the gentlemen who are opposed to all laws regulating the practice of medicine on the ground that a man has a right to choose whoever he pleases for a doctor, and that the State has no right to interfere when a man is making an honest living; and 2nd,

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to the various State Board of Examiners, for with a single exception all the medical attention received by this child was of the *Rowe kind*, in plain violation of the State law.

Society Proceedings and Notes.

TRANSACTIONS

Of the Northwestern Medical Association of Kansas, at the Regular Meeting held at Beloit, on Thursday, June 22, 1880.

The Association convened in the office of Dr. C. H. Guibor, the chair being occupied by Vice-President Hughes, owing to the absence of Pres. Eakin.

Members present—Drs. Hughes, Guibor, Thompson, Antrobus, Armstrong, Steele and Slagle.

Minutes of last meeting read and approved.

Being regular meeting for the election of officers for the ensuing year, on motion the rules were suspended and officers elected by acclamation, with the following result:

For President, Dr. W. W. Chase of Delphos.

Vice-Presidents. Dr. B. W. Slagle, Mankato; O. W. Hughes, Jewell City; C. M. Wilson, Cawker City; Jay H. Payne, Delphos; N. Steele, Beloit.

Treasurer, Dr. C. H. Guibor, Beloit.

Secretary, Dr. E. Armstrong, Glen Elder.

Board of Censors, Drs. J. K. Thompson, Ingalls; John F. Hart, B. Antrobus, Beloit.

Treasurer's report read and accepted.

On motion of Dr. Guibor a Committee on Programme, consisting of three members, was appointed by the chair as follows: Dr. E. Armstrong, Chairman; B. Antrobus, N. Steele.

On motion a Committee on Publication was appointed

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by the chair, as follows: Dr. C. H. Guibor, Chairman; B. W. Slagle, J. K. Thompson.

A communication from the Secretary of the Doniphan County Medical Association, in relation to the formation of a District Medical Society, was read, and the Secretary instructed to correspond with Dr. Dinsmore, in order to obtain full information in regard to the plans for the Society, and to assure him of their hearty co-operation.

On motion the Kansas Medical Index was adopted as the organ of the Northwestern Medical Association, and the Secretary was instructed to furnish a copy of the transactions to the Index for publication.

The transaction of business concluded, the following papers were read:

"Conception," presented by Dr. J. K. Thompson, of Ingalls. A case of Abcess of the Liver, obscured by acute general peritonitis; contents discharged through air passages, and followed by symptoms of hectic, by Dr. E. Armstrong.

Both papers were ably discussed, and were then referred to the Committee on Publication.

On motion the Society adjourned until 7½ o'clock for evening session.

EVENING SESSION.

Society coming to order, on motion went into executive session to consider the application of Dr. E. D. Converse for admission as a member. Application made and recommended by Dr. C. H. Guibor, which was referred to the Board of Censors for consideration.

Report of Board of Censors received, and after much discussion Dr. E. D. Converse was elected a member by acclamation, and, on signing the Constitution and By-Laws, was declared admitted to membership, but certificate withheld till next regular meeting.

The balance of the evening session was devoted to the discussion of topics of interest to the medical profession,

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after which the Society adjourned until the next regular meeting.

E. ARMSTRONG, Sec'y.

THE SOUTH KANSAS MEDICAL SOCIETY.

Regular Quarterly Session, at Wellington, June 29th, 1880.

The South Kansas Medical Society met in Hickman's Hall, Wellington, June 29th, 1880, at 10 a. m., and was called to order by the Vice-President, Dr. W, R. Davis.

The minutes of the last meeting read and approved.

The chair appointed Drs. Beeler, Easter and J. A. Maggard, Censors pro tempore.

The Board of Censors reported favorably upon the names of Drs. H. M. Evens, of Oxford. and J. H. Pleasants, of Cambridge.

Dr. Cory moved that the Secretary be instructed to withhold certificates of membership from members who do not record their certificates received from the State Board of Examiners. Carried.

Adjourned till 2 p. m.

AFTERNOON SESSION.

The Society reassembled at 2 p. m., Dr. Davis in the chair.

Dr. Floyd made a motion to the effect that the Secretary should receive notice of all members who have failed to record their certificates. Carried.

The chair appointed the following gentlemen to report to the Secretary the condition of their county records: Drs. Mendenhall, of Cowley; J. A. Maggard, of Sumner; Russell, of Sedgwick; Boyd, of Harvey; Conry, of Marion; Barter, of Chase; Gibbs, of Butler; Lucus, of Elk; Smolett, of Reno, and Graham, of Chautauqua.

Dr. Cory made a motion to the effect that upon the Secretary receiving notice of members failing to record their

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certificates within the next three months, the Secretary shall prefer charges, and the member's name shall be stricken from the roll. Carried.

Twenty-seven persons responded to their names at roll call.

Dr. Cory moved that the Secretary have the transactions of this meeting published in the Kansas Medical Index. Carried.

Dr. Floyd read a paper on the "Use of Eucalyptus Globulus in Medicine."

Drs. Boyd and Mendenhall gave their experience with the drug, and were favorably impressed with its use.

Dr. Floyd's paper was referred to the Committee on Publication.

Dr. Russell read a paper on "Fractures," which was referred to Committee on Publication.

Dr. Davis read a paper on "Cholera Infantum," which was referred to Committee on Publication.

The Society then prepared a preamble and resolution to be presented to the State Board of Examiners, requesting them to institute legal proceedings against one Dr. F. B. West, of Wellington, who is flagrantly violating law, in order to test the Constitutionality of the act. The resolution was unanimously adopted.

The Society then adjourned to meet at Wichita, October 5th, 1880.

W. S. MENDENHALL, Sec'y.

ORGANIZATION

Of the Kansas Valley Medical Society.

Pursuant to a call issued by Dr. H. P. Woodward, of Wamego, the following physicians met at Manhattan, on the 17th of June last: Drs. E. G. Bergen and H. P. Woodward, of Wamego; C. F. Little, L. J. Lyman, H. S. Roberts and M. B. Wood, of Manhattan; J. Green, of

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Alma; J. Crain, of Riley Center; J. W. Thayer, of Ogden, and H. R. Tilton, U. S. A., of Ft. Riley.

A temporary organization was effected by electing H. P. Woodward, Chairman, and J. W. Thayer, Secretary.

The following committees were appointed: On Constitution and By-Laws: C. F. Little, E. J. Bergen and H. R. Tilton.

On nomination of officers for permanent organization, L. J. Lyman, J. Greene and H. S. Roberts.

Adjourned until 7 p. m.

The evening session was called to order at 7:15 p. m.

A Constitution, By-Laws and Order of Business, as reported by the committee, was adopted, and the following officers elected for the first term :

President, H. P. Woodward; Vice-President, C. F. Little; Secretary, J. W. Thayer; Treasurer, J. Greene.

Board of Censors, H. R. Tilton, E. J. Bergen, and C. W. Lindner.

The following regular committees were appointed:

Practice of Medicine — J. Greene. · Surgery—H. S. Roberts. Materia Medica—H. R. Tilton. Special Subjects—J. Crain and J. W. Thayer.

The Society accepted the invitation of Dr. Tilton to hold the next session at Ft. Riley in the hospital building, and after some interesting discussion, the Society adjourned to meet at that place Oct. 7, 1880.

The members were entertained by the physicians of Manhattan at the office of Ward & Lyman, and assisted by the ladies present, a brief hour was spent in pleasant social intercourse. Altogether the meeting may be said to be a successful one.

The Society embraces the counties of Pottawattomie, Wabaunsee, Riley, Davis and Clay.

J. W. THAYER, Sec'y.

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Literary Notices and Reviews.

"Reynolds' System of Medicine," edited by J. Russell Reynolds, M. D., University College, London, with notes and additions by the American editor, H. Hartshorne, M. D. Philadelphia: H. C. Lea, Sons & Co. Vol. I, 1100 p. p.

The object proposed by the editor to present in a small compass such an account of all that constitutes both the material history of disease and the science of pathology, has been well adhered to by the American editor. The present volume contains 1100 pages; the first part, some 580 pages, is devoted to general diseases, while the remainder treats of those of the nervous system. American physicians will find the article on malaria to meet their views and well worth perusal.

Enteric fever is divided into three classes, simple inflammatory, contagious, and paludal. The first is stated to be non-contagious, due to no specific cause, and may arise in any inflammatory condition of the body, such as accompanies pneumonia, etc.

The author conceives no distinction between the lesion assumed to be characteristic of enteric fever, and those of ordinary inflammation. This chapter will be of special interest to the American physicians, who are somewhat divided on the question of typho-malarial fever. Our English brethren don't seem to think it necessary to use this term to explain certain forms of fever. A chapter on the subject, however, is added by the American editor.

Want of space forbids us to say anything more. The publishers deserve the thanks of American physicians for placing the work within reach of all. It is a work no physician can well do without.

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The St. Joseph Medical and Surgical Reporter, J. P. Chesny, M. D., editor, Vol. 1, No. 1, at hand. This is a neat monthly of the same size as the INDEX, subscription price $2.00 per annum. The editor and the four original contributors are all professers in the St. Joseph College of Physicians and Surgeons, and we suppose it will be published largely in the interest of the college.

The editor in "The Pen" complains bitterly of the recent action of the Kansas Mediçal Society in excommunicating the above named school, and cites the facts in the Zimmerman cases at some length. If we remember rightly, the action of the Society was not based upon a single instance; several cases were stated. In one instance particularly, (we don't remember the name) it was stated by gentleman present who were conversant with the facts, that a man perfectly illiterate, who had gradually drifted from horse doctoring to that of human family, applied to the Board of the Kansas Medical Society for a certificate, but upon examination was found to be ignorant of even the first principles in medicine, and was of course rejected. The applicant matriculated at the St. Joseph College of Physicians and Surgeons, and in less than two months actual attendance, was declared qualified and received the degree of M. D. Now it is hardly possible that this College, no matter what special facilities it may possess for cramming, should be able to qualify this man properly in so short a time. Further it was charged that this man had a special understanding to the effect that if he would matriculate and attend the sessions for two months he should receive a diploma. These and similar statements were the basis of the action of the Society. If the College has been wronged in this matter, and the facts are properly presented, we have do doubt the Board of Censors will take such action in the matter as is in their power.

In the closing sentence the editor presumably refers to

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the legal opinion of Willard Davis in regard to the legality of the charter of the Kansas Medical Society. But in this matter he is misinformed. The Attorney General never gave an official opinion, and if he had it would have but little force.

The *Reporter* presents a neat appearance, and we welcome it to our exchange list.

Selections and Cases from Practice.

Treatment of Cholera Infantum.—The most prominent symptoms imperatively demanding immediate relief are irritable stomach and exhausting evacuations. To relieve the one and arrest the other, therefore, will be the primary indication. For the first, the persistent vomiting, the exhibition of small doses of calomel, say one-twelfth to one-sixth of a grain, repeated every hour, will almost invariably suffice. It may be given placed dry on the tongue and washed down with a sup of milk, or some bland mucilaginous drink. Frequently, this so speedily relieves that the whole scene is changed, and often the diarrhœa is equally checked. No doubt this latter symptom is, in many cases more or less continued by the efforts of the child in vomiting, and that quieted, the bowels experience less perturbation. In this connection, it must be remembered that *rest in the recumbent position* is of great value, and should be strongly impressed upon the attendants, who, by their mistaken though kindly meant treatment, materially aid in keeping up a condition which is rapidly carrying it to the grave.—*W. B. Atkinson, M. D., Med. and Surgical Reporter.*

The Hypophosphites.—Dr. Coghill, in a critical review of the value of hypophosphites of lime and soda, gives the results of this treatment in 100 indiscriminate cases, where it was fairly tried in the Royal Hospital at Ventor:

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37 improved, 17 remained *in statu quo*, 26 got worse, and 4 died. Of 328 patients otherwise treated, 240 improved, 39 remained *in statu quo*, 25 got worse, and 20 died. It seems evident from these statistics that the hypophosphites have no claaim to the character or properties of a specific remedy in cases of consumption. Great disappointment resulted from their impotency in checking such characteristics of the disease as night sweats, or influenicing favorably the febrile conditions of advanced lung mischief. That these salts have, however, valuable tonic properties, promoting the appetite, digestion and assimilation, especially of fatty food, is admitted.—*Dr. Wm. Porter, St. Louis Med. and Surg. Journal.*

Drs. J. M. Da Costa and Morris Longstreith, physicians to the Pennsylvania Hospital, have been making researches on the state of the ganglionic centers in Bright's disease, and conclude an article in the current number of the *American Journal of Medical Sciences*, on the subject, in the following words:

1st. That in Bright's disease, especially in the contracted kidney, there exists a constant lesion of the renal plexus.

2d. That whilst this lesion might be looked upon as forming a part of the general process of degeneration, in connection with the kidney disease, we think it is the cause of the renal malady and precedes the degenerative changes.

3d. That the diseased condition of the ganglia furnishes the clue to the alterations of the vessels of the kidneys.

4. That similiar changes producing similar results may exist in other ganglia; for instance, in the cardiac plexus, explaining the hypertrophy of the heart.

Chrysophanic Acid in Skin Diseases.—Dr. Robert W. Taylor, of New York, read a paper on this subject. Chrysophanic acid is derived from the Goa powder, and it

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is as much a cure for some skin diseases as quinine is for malaria. The strength of the ointment should be about gr. x. to oz. i. of simple ointment. The strength may be rarely increased to dr. i. to oz. i. The acid is useful in chronic or subacute skin affections, where there is a superficial infiltration, and in certain scaly diseases. It will not do when the infiltration is deep. Its dangers are its staining and its irritant properties. The acid has no anti-pruritic properties. It would be good in indurated acne, but for its staining the skin; caution should be used in applying the ointment to the face. In eczema it is useful, but should be applied with oil of cade or some other tarry oil. Two cases of obstinate sycosis had been cured by the acid. Ringworm of the body can also be cured by it. Lichen, papular and scaling syphilides are also relieved by the same remedy.—*Mich. Med. News.*

Drunkenness—Public Opinion.—Probably public opinion now sanctions the efforts which have been made towards restraining the drunkard. After much discussion and much hesitation, men have come to acknowledge that something more must be done for them, than merely imposing a small fine, or committing them to jail. Whether they accept the theory, that drunkenness is a disease, or not, is another question; the probability is that they regard it more as a vice, or disposition of the drunkard himself, than as originating from any disease. But the public is disposed to the discussion which is now going on and to view favorably the proposed effort for reform. It only remains, therefore, for educated men, who look deeply in these matters, and all others effecting the social body to study, carefully and dispassionately, all the problems which are proposed, and not allow themselves to be led astray by fanciful ideas or impracticable schemes.—*Gordon W. Russell, M. D., Alienist and Neurologist, July, 1880.*

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Pulmonary Phthisis.—I want to rid you of the idea that pulmonary phthisis occurs principally in those who may be said to have an inherited tendency to it. Indeed, I do not think that you will be able to demonstrate such a tendency in more than one-half or one-third of your cases. If such a fallacy is allowed to exist, and a person feels that because there is no phthisis in his family, he can expose himself to cold, damp, and other depressing causes without risk, there is the greatest possible danger that he will contract phthisis, for we know that at least in one-half or two-thirds of all cases of phthisis it is an acquired disease in those that have had no inherited predisposition to it. Everybody is liable to phthisis; some more so than others. Unquestionably, those are more liable to it who are born of parents of a weak constitution, especially if this has shown itself before the birth of the child, by a tendency to lung trouble, or if they have begotten other children with a tendency to phthisis. But it is not only an inherited predisposition that makes one more liable to phthisis than another. Any inherited delicacy of constitution, anything that makes the person more liable to be affected by depressing causes, anything, in short, that diminishes the vitality of the individual or his hold upon life, and tends to keep up an unhealthy type of physical action, all these are predisposing causes of phthisis.—*Extract from a Clinical Lecture by Wm. Pepper, M. D., Med. and Surg. Reporter.*

Mr. Barker recommends (*Lancet*, April 17, 1880) as an aid to diagnosis the insertion of a slender aspirator needle into the loin at a point midway between the crest of the ilium and the last rib, directing the point toward the abdominal aspect of the spinal column, and a little upwards. If there be a stone in the kidney the point of the needle will be felt to grate upon it, and some pus may be withdrawn in the aspirator. If the tumor be a new growth or tuberculous, Mr. Barker thinks that enough debris will come away in the needle to enable a judgment to be formed of the nature of the growth.—*Am. Jour. Med. Sciences.*

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THE KANSAS MEDICAL INDEX FOR 1881.

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The original department will always be well represented; a number of articles on practical medicine and surgery have been promised by prominent writers. The review department will be more complete than heretofore; we shall endeavor to keep our readers thoroughly posted as to the practical usefulness of such medical literature as is worth mentioning at all, and thus aid them to some extent in their selections.

In our selections the practical and useful kind, rather than theoretical and fanciful, will always be aimed at.

In the editorial department we shall endeavor to discuss from an independent and impartial standpoint all questions which present themselves, keeping specially in view the material interests of the profession in our State.

In conclusion. we hope that our kind friends who have already interested themselves in behalf of the INDEX will continue to do so, and others are solicited to extend a helping hand.

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London, Oct. 20, 1879. Author of "Text Book of Chemical Analysis, &c."

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Prof. Chemistry and Pharmacy to Parmaceutical Society of Great Britain.

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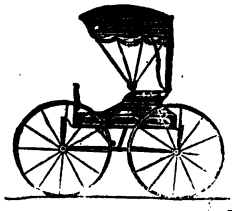
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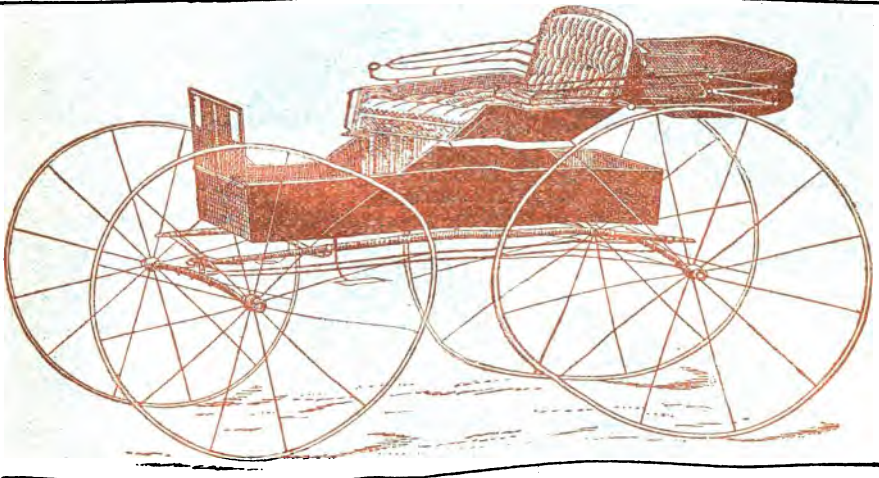
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